

FY 2005 Community Services Performance Contract

Exhibit G: Local Government Acceptance of Funds and Board Approval of Community Services Performance Contract

1. Name of Board: Colonial Services Board

2. City or County designated as
as the Board's Fiscal Agent: County of York

3. Name of the Fiscal Agent's City Manager or County Administrator or Executive:

Name: James McReynolds Title: County Administrator

4. Name of the Fiscal Agent's County/City Treasurer or Director of Finance:

Name: Deborah B. Robinson Title: Treasurer, County of York

5. Name of the Fiscal Agent official to whom checks should be electronically transmitted:

Name: Deborah B. Robinson Title: Treasurer, County of York

Address: P.O. Box 251
Yorktown, VA 23690

6. The Board's board of directors certifies that, to the best of its knowledge and belief, the data and information in this performance contract are true and correct and that its entry into this contract has been duly authorized by a formal vote of the board of directors in an open, public meeting of the board. This signature affirms the board's approval of this performance contract.

Janice C. L. MacIntosh
Signature of Board Chairman

6/16/04
Date

7. This signature indicates receipt of a Board-approved copy of this performance contract and an agreement by the Board's Fiscal Agent to accept state and federal funds from the Department that are included in this contract.

[Signature]
Signature of Fiscal Agent's Administrator or Manager

6/29/04
Date

Approved as to form:

[Signature]
County Attorney

FY 2005 Community Services Performance Contract

1. Contract Purpose

- a. Title 37.1 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) to ensure delivery of publicly-funded services and supports to Virginia citizens with mental illnesses, mental retardation, or alcohol or other drug dependence or abuse and authorizes the Department to fund community mental health, mental retardation, and substance abuse services.
- b. Sections 37.1-194 through 202.1 of the *Code of Virginia* require cities and counties to establish community services boards for the purpose of providing local public mental health, mental retardation, and substance abuse services; and §§ 37.1-242 through 253 authorize certain cities or counties to establish behavioral health authorities that plan and provide those same local public services. In this contract, the community services board, local government department with a policy-advisory community services board, or behavioral health authority named on page 13 of this contract will be referred to as the Board.
- c. Section 37.1-197.1 of the *Code of Virginia* states that, in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care, the Board shall function as the single point of entry into the publicly-funded mental health, mental retardation, and substance abuse services system. The Board fulfills this function for individuals who reside or are located in the Board's service area.
- d. Sections 37.1-198 and 248.1 of the *Code of Virginia* establish this contract as the primary accountability and funding mechanism between the Department and the Board.
- e. The Board is applying for the assistance provided under Chapter 10 or 15 of Title 37.1 of the *Code of Virginia* by submitting this performance contract to the Department in accordance with § 37.1-198 or 248.1 of the *Code of Virginia*.
- f. This contract establishes requirements and responsibilities for the Board and the Department that are not established through other means, such as statute or regulation. The General Requirements Document, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference, includes or incorporates by reference ongoing statutory, regulatory, policy, and other requirements that are not expected to change frequently and are accordingly not included in the annual community services performance contract.
- g. The Department and the Board enter into this performance contract for the purpose of funding services provided directly or contractually by the Board in a manner that ensures accountability to the Department and quality of care for consumers and agree as follows.

2. **Relationship:** The Department functions as the state authority for the public mental health, mental retardation, and substance abuse services system, and the Board functions as the local authority for that system. The relationship between and the roles and responsibilities of the Department and the Board are described more specifically in the current Partnership Agreement between the parties, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference. This contract shall not be construed to establish any employer-employee or principal-agent relationship between employees of the Board or its board of directors and the Department.

3. **Contract Term:** This contract shall be in effect for a term of one year, commencing on July 1, 2004 and ending on June 30, 2005.

4. Scope of Services

- a. **Services:** Exhibit A of this contract includes all mental health, mental retardation, and substance abuse services, which are supported by the resources described in section 5 of

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this contract, that are provided or contracted by the Board. Services and certain terms used in this contract are defined in the current Core Services Taxonomy, which, by agreement of the parties, is hereby incorporated into and made a part of this contract by reference. Some services also are defined in the Medicaid State Plan Option and Mental Retardation Home and Community-Based Waiver regulations promulgated by the Department of Medical Assistance Services.

- b. **Expenses for Services:** The Board shall provide those services that are funded within the revenues and expenses set forth in Exhibit A and documented in the Board's financial management system. The Board shall distribute its administrative and management expenses across some or all of the three program areas on a basis that is in accordance with Uniform Cost Report principles, is auditable, and satisfies Generally Accepted Accounting Principles.
- c. **Continuity of Care:** In order to partially fulfill its responsibility in § 37.1-197.1 of the *Code of Virginia* to function as the single point of entry into the publicly-funded services system in its service area, the Board shall follow the *Continuity of Care Procedures* that are included in the current General Requirements Document.

- 1) **Coordination of Mental Retardation Waiver Services:** The Board shall provide case management services to consumers who are receiving services under the Medicaid Mental Retardation Home and Community-Based Waiver (MR Waiver). In this capacity and in order to receive payment for services from the Department of Medical Assistance Services (DMAS), the Board shall develop individualized services plans (ISPs) and submit them to the Department for preauthorization, pursuant to section 3.2.7 of the DMAS/DMHMRSAS Interagency Agreement (10-17-2000), under which the Department preauthorizes ISPs as a delegated function from DMAS. As part of its specific case management responsibilities for individuals receiving MR Waiver services, the Board shall coordinate and monitor the delivery of all services to its consumers, including monitoring the receipt of services in a consumer's ISP that are provided by independent vendors, who are reimbursed directly by DMAS, to the extent that the Board is not prohibited from doing so by such vendors (reference the DMAS *Mental Retardation Community Services Manual*, Chapters II and IV). The Board may raise issues regarding its efforts to coordinate and monitor services provided by independent vendors to the applicable funding or licensing authority (e.g., the Department, DMAS, and the Virginia Department of Social Services).

In fulfilling this service coordination responsibility, the Board shall not restrict or seek to influence the consumer's choice among qualified service providers. This prohibition is not intended to restrict the ability of Board case managers to make recommendations, based on their professional judgment, to consumers regarding those available service options that best meet the terms of the consumers' ISPs and allow for the most effective coordination of services. This section does not, nor shall it be construed to, make the Board legally liable for the actions of independent vendors of MR Waiver services who are reimbursed directly by DMAS.

- 2) **Linkages with Primary Care:** When it arranges for the care and treatment of its consumers in hospitals, the Board shall assure its staff's coordination with such hospitals, especially emergency rooms and emergency room physicians, in order to promote continuity of care for those consumers.
- 3) **Coordination with Local Psychiatric Hospitals:** In the case of voluntary admissions, the Board, with the consumer's consent, shall coordinate an enrolled consumer's admission to and discharge from local psychiatric units and hospitals to assure appropriate use of these services in the least restrictive setting and to prevent inappropriate use of those hospitals.

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- 4) **Access to Services:** The Board shall not require a consumer to receive case management services in order to receive other services that it provides, directly or contractually, unless it is permitted to do so by applicable regulations and the person is a member of a priority population, the person is receiving more than one other service from the Board, or a licensed clinician employed or contracted by the Board determines that such case management services are clinically necessary for the consumer.
- 5) **PACT Criteria:** If the Board receives state general or federal funds for a Program of Assertive Community Treatment (PACT), it shall satisfy the following criteria.
 - a.) Meet PACT state hospital bed use targets.
 - b.) Prioritize providing services to consumers in priority populations who are frequent recipients of inpatient services or are homeless.
 - c.) Achieve and maintain a caseload of 80 consumers after two years from the date of initial funding by the Department.
 - d.) Procure individual team training and technical assistance quarterly.
 - e.) Meet bimonthly with other PACT programs (the network of CSB PACTs).
 - f.) Participate in technical assistance provided by the Department.
- d. **Priority Populations:** Priority populations provide the conceptual framework for identifying and tracking specific groups of individuals served by the Board through the performance contract. Priority populations are defined in the current Core Services Taxonomy. While individuals in priority populations should receive available needed services as soon as possible, being in a priority population does not establish any legal entitlement to services on behalf of an individual or any mandate for the Board to provide services to that person. The Board shall report the unduplicated numbers of consumers in priority populations that it serves during the term of this contract. The Board does not have to use the Priority Populations Screening Instruments, which were required in Attachment 5.8 of the FY 2003 contract, but it shall follow the criteria in those Instruments in assessing individuals for membership in a priority population. There is no expectation that all consumers served by the Board will be members of priority populations.
5. **Resources:** Exhibit A of this contract includes the following resources: state general funds and federal funds appropriated by the General Assembly and allocated by the Department to the Board; balances of unexpended or unencumbered state general and federal funds retained by the Board and used in this contract to support services; local matching funds required by § 37.1-199 of the *Code of Virginia* to receive allocations of state general funds; Medicaid State Plan Option and Mental Retardation Home and Community-Based Waiver fees and any other fees, as required by § 37.1-197 of the *Code of Virginia*; and any other revenues associated with or generated by the services shown in Exhibit A. The Board may choose to include only the minimum 10 percent local matching funds in the contract, rather than all local matching funds.
 - a. **Allocations of State General and Federal Funds:** The Department shall inform the Board of its allocations of state general and federal funds in a letter of notification. Allocation amounts may be adjusted during the term of this contract by the Department. All adjustments shall be communicated to the Board in writing by the Commissioner or his designee. Allocations of state general and federal funds shall be based on state and federal statutory and regulatory requirements, provisions of the current Appropriation Act, State Board policies, and previous allocation amounts. Allocations shall not be based on numbers of individuals in priority populations.
 - b. **Conditions on the Use of Resources:** The Department can attach service requirements or specific conditions that it establishes for the use of funds, separate from those established by other authorities (e.g., applicable statutory or regulatory requirements such as licensing or human rights regulations or federal anti-discrimination requirements), only to the state general and federal funds that it allocates to the Board and to the 10 percent local matching funds that are required to obtain the Board's state general fund allocations.

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6. Board Responsibilities

- a. **State Facility Bed Utilization:** The Board shall monitor and manage its use of state mental health facility beds through the Discharge Protocols, Extraordinary Barriers to Discharge lists, and reinvestment and restructuring projects and activities. Utilization will be measured by bed days received by consumers for whom the Board is the case management board. No financial disincentives shall be attached to this utilization during the term of this contract.

b. **Quality of Care**

- 1) **Clinical Consultation:** The Board may request the Department to provide professional consultations for clinically complex or difficult or medically-complicated cases within the resources available for this purpose in the Department or its facilities and as permitted under 45 CFR § 164.506 (c) (1), when consumers or their legally authorized representatives have requested second opinions and with valid authorizations that comply with the Human Rights Regulations and the HIPAA Privacy Rule, if the Board is not able to provide those second opinions within its resources.
- 2) **Quality Improvement and Risk Management:** The Board shall, to the extent practicable, develop and implement quality improvement processes that utilize consumer outcome measures, provider performance measures, and other data or participate in its local government quality improvement processes to improve services, ensure that services are provided in accordance with current acceptable professional practice, and enable the ongoing review of all major areas of the Board's responsibilities under this contract.

The Board shall, to the extent practicable, develop, implement, and maintain, itself or in affiliation with other Boards, a quality improvement plan incorporating provider performance measures, consumer outcome measures, and human rights information. The Board shall, to the extent practicable, develop, implement, and maintain, itself or in affiliation with other Boards, a risk management plan or the Board shall participate in a local government's risk management plan. The Board shall work with the Department through the System Leadership Council to identify how the Board will address quality improvement activities.

3) **Consumer Outcome and Provider Performance Measures**

- a) **Measures:** Pursuant to § 37.1-198 of the *Code of Virginia*, the Board shall report the consumer outcome, provider performance, consumer satisfaction, and consumer and family member participation and involvement measures in Exhibit C of this contract to the Department. These reporting requirements are contingent on the Department supplying any necessary specifications and software to the Board in time for the Board to make needed changes in its information systems.
- b) **Individual Board Performance Measures:** The Department may negotiate specific, time-limited measures with the Board to address identified performance concerns or issues. When negotiated, such measures will be included as Exhibit D of this contract.
- c) **Consumer Satisfaction Survey:** Pursuant to § 37.1-198 of the *Code of Virginia*, the Board shall participate in an assessment of consumer satisfaction in accordance with Exhibit C of this contract.
- d) **Substance Abuse Youth Surveys:** The Board shall work closely with community-based prevention planning groups, schools, and local governments to support and enable the administration of the Virginia Community Youth Survey and the Virginia Youth Tobacco Survey, which are mandated by federal funding sources and are necessary for continuation of federal block grant funding.

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- 4) **Program and Service Reviews:** The Department reserves the right to conduct or contract for reviews of programs or services provided or contracted by the Board under this contract to examine their quality or performance at any time as part of its monitoring and review responsibilities or in response to concerns or issues that come to its attention, as permitted under 45 CFR § 164.512 (a), (d), and (k) (6) (ii) and as part of its health oversight functions under § 32.1-127.1:03 (D) (6), § 37.1-198, and § 37.1-199 of the *Code of Virginia* or with a valid authorization by the consumer or his legally authorized representative that complies with the Human Rights Regulations and the HIPAA Privacy Rule.

c. Reporting Requirements

- 1) **Board Responsibilities:** For purposes of reporting to the Department, the Board shall:
- a) provide monthly, semi-annual, and annual Community Consumer Submission (CCS) extracts that will report individual consumer characteristic and service data to the Department, as required by § 37.1-198.D of the *Code of Virginia*, the federal Substance Abuse and Mental Health Services Administration, and Part C of Title XIX of the Public Health Services Act – Block Grants, § 1943 (a) (3) and § 1971 and § 1949, as amended by Public Law 106-310, and as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (a) (1) and (d) and under § 32.1-127.1:03.D (6) of the *Code of Virginia*;
 - b) follow the current Core Services Taxonomy, Medicaid Regulation definitions of State Plan Option and MR Waiver services, and Individualized Client Data Elements (ICDE) or Community Consumer Submission (CCS) when responding to reporting requirements established by the Department;
 - c) maintain accurate information on all of the consumers whose services are funded through this contract;
 - d) complete the National Survey of Substance Abuse Treatment Services (N-SSATS), formerly the Uniform Facility Data Set (UFDS), annually that is used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the on-line Substance Abuse Treatment Facility Locator;
 - e) report required Inventory of Mental Health Organizations data in accordance with federal requirements;
 - f) report Performance-Based Prevention System information on prevention services provided by the Board that are funded by the SAPT Performance Partnership Block Grant; and
 - g) supply information to the Department's Forensics information Management System for consumers adjudicated not guilty by reason of insanity (NGRI), as required under § 37.1-198.D of the *Code of Virginia* and as permitted under 45 CFR §§ 164.506 (c) (1) and (3), 164.512 (d), and 164.512 (k) (6) (ii).
- 2) **Routine Reporting Requirements:** The Board shall account for all services, revenues, and expenses accurately and submit reports to the Department in a timely manner using CARS-ACCESS, the CCS, or other software provided by the Department. The Board shall provide the following information and meet the following reporting requirements. All reports shall be provided in the form and format prescribed by the Department. Routine reporting requirements include:
- a) the types, amounts, and static capacities of services provided; expenses for services provided; and numbers of consumers served by core service and revenues received by source and amount by program area through the CCS and CARS-ACCESS (semi-annually);

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- b) demographic characteristics of consumers (unduplicated counts) in each program area through the CCS;
 - c) numbers of individuals served by priority population in each program area through the CCS;
 - d) consumer outcome and provider performance measures specified in Exhibit C;
 - e) community waiting list information for the Comprehensive State Plan that is required by § 37.1-48.1 of the *Code of Virginia*, as permitted under § 32.1-127.1:03 (D) (6) of the *Code of Virginia* and 45 CFR § 164.512 (d) and (k) (6) (ii) (when required);
 - f) State Facility Discharge Waiting List Data Base reports using ACCESS software supplied by the Department;
 - g) Federal Balance Report (October 31);
 - h) Total numbers of consumers served and expenses for the Discharge Assistance Project, MH Non-CSA-Mandated Children and Youth Services, and MR Waiver Services through the CCS and CARS-ACCESS (semi-annually);
 - i) PATH reports (semi-annually); and
 - j) Uniform Cost Report information through CARS-ACCESS (annually).
- 3) **Subsequent Reporting Requirements:** The Board shall work with the Department to ensure that current data and reporting requirements are consistent with each other and the current Core Services Taxonomy, ICDE or CCS, and TEDS and other federal reporting requirements. The Board also shall work with the Department in planning and developing any additional reporting or documentation requirements beyond those identified in this contract to ensure that such requirements are consistent with the current Core Services Taxonomy, ICDE or CCS, and TEDS and other federal reporting requirements.

d. Discharge Assistance Project (DAP)

- 1) **Board Responsibilities:** If it participates in any DAP funded by the Department, the Board shall manage, account for, and report DAP funds allocated to it as a restricted fund. The Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans (ISPs) to the Department for approval or preauthorization. The Board shall submit all DAP ISPs to the Department for information purposes and shall inform the Department whenever a consumer is admitted to or discharged from a DAP-funded placement.
- 2) **Department Review:** The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided under the DAP. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1), (3), and (4) and 164.512 (k) (6) (ii).
- 3) **Adherence to Procedures:** The Board shall adhere to the DAP Procedures in the General Requirements Document if it participates in any DAP funded by the Department. If the Board's participation in the DAP causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.1-199 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the DAP funds, as authorized by that *Code* section and State Board Policy 4010.

e. Individualized Services

- 1) **Board Responsibilities:** If it participates in any individualized services, except the DAP, funded by the Department (e.g., the MH Non CSA-Mandated Child and Adolescent Services), the Board shall manage, account for, and report such individualized services

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funds allocated to it as a restricted fund. The Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans to the Department for preauthorization or approval.

- 2) **Department Review:** The Board agrees to participate in any utilization review or utilization management activities conducted by the Department involving services provided as individualized services. Protected health information may be disclosed as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (k) (6) (ii).
 - 3) **Procedures:** The Board shall develop and maintain individualized services plans (ISPs), which shall be subject to review by the Department, for such individualized services; but the Board shall not be required to submit these ISPs to the Department for information purposes or for prior review or approval. The Board shall not be required to submit any reports for such individualized services outside of the semi-annual reporting required in section 6.c of this contract.
- f. **Compliance with State and Federal Requirements:** The Board shall comply with all applicable federal, state, and local laws and administrative rules and regulations, including those contained or referenced in the General Requirements Document and in Exhibit F of this contract. If any laws, administrative rules or regulations that become effective after the execution date of this contract substantially change the nature and conditions of this contract, they shall be binding upon the parties, but the parties retain the right to exercise any remedies available to them by law or other provisions of this contract. The Board shall comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder by their compliance dates, except where the HIPAA requirements and applicable state law or regulations are contrary, and state statutes or regulations are more stringent, as defined in 45 CFR § 160.202, than the related HIPAA requirements. The Board shall follow the procedures and satisfy the requirements in the Performance Contract Process and the Administrative Performance Standards, contained in Exhibits E and I respectively of this contract. The Board shall document its compliance with §§ 37.1-195, -197, and -198 of the *Code of Virginia* in Exhibits G and H of this contract. If the Board's receipt of state facility reinvestment project state funds causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.1-199 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the state facility reinvestment project funds, as authorized by that *Code* section and State Board Policy 4010.

7. Department Responsibilities

- a. **Funding:** The Department shall disburse the state general funds displayed in Exhibit A, subject to the Board's compliance with the provisions of this contract, prospectively on a semi-monthly basis to the Board. Payments may be revised to reflect funding adjustments. The Department shall disburse federal grant funds that it receives to the Board in accordance with the requirements of the applicable federal grant and, wherever possible, prospectively on a semi-monthly basis. The Department shall make these payments in accordance with Exhibit E of this contract.
- b. **State Facility Services**
 - 1) The Department shall make state facility inpatient services available, if appropriate, through its mental health and mental retardation facilities, when individuals residing or located in the Board's service area are in need of such services.
 - 2) The Department shall track, monitor, and report on the Board's utilization of state mental health facility beds and provide data to the Board about consumers from its service area who are served in state facilities as permitted under 45 CFR §§ 164.506 (c) (1), (2), and (4) and 164.512 (k) (6) (ii). The Department may display state facility bed utilization statistics on its Internet web site.

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- 3) The Department shall manage its mental health and mental retardation facilities to support service linkages with the Board, including adherence to the applicable provisions of the *Continuity of Care Procedures* and the *Discharge Planning Protocols*. The Department shall assure that its mental health and mental retardation facilities use teleconferencing technology to the extent practicable and whenever possible to facilitate the Board's participation in treatment planning activities and the Board's fulfillment of its discharge planning responsibilities for its consumers in state facilities.
- 4) The Department shall involve the Board, as applicable and to the greatest extent possible, in collaborative planning activities regarding the future role and structure of the state facility system.

c. Quality of Care

- 1) The Department with participation from the Board shall identify consumer outcome, provider performance, consumer satisfaction, and consumer and family member participation and involvement measures for inclusion in this contract, pursuant to § 37.1-198 of the *Code of Virginia*, and shall collect information about these measures.
- 2) The Department may provide professional consultations to the Board upon request for clinically complex or difficult or medically-complicated cases within the resources available for this purpose in the Department or its facilities and as permitted under 45 CFR § 164.506 (c) (1), when consumers or their legally authorized representatives have requested second opinions and with valid authorizations that comply with the Human Rights Regulations and the HIPAA Privacy Rule, if the Board is not able to provide those second opinions within its resources.

d. Reporting Requirements

- 1) The Department shall work with representatives of Boards to ensure that current data and reporting requirements are consistent with each other and with the current Core Services Taxonomy, Individualized Client Data Elements (ICDE) or Community Consumer Submission (CCS), and TEDS and other federal reporting requirements. The Department also shall work with representatives of Boards in planning and developing any additional reporting or documentation requirements beyond those identified in this contract to ensure that such requirements are consistent with the current Core Services Taxonomy, ICDE or CCS, and TEDS and other federal reporting requirements.
- 2) The Department shall collaborate with representatives of the Board in the implementation and modification of the Community Consumer Submission (CCS), which reports individual consumer characteristic and service data that is required under § 37.1-198.D of the *Code of Virginia*, the federal Substance Abuse and Mental Health Services Administration, and Part C of Title XIX of the Public Health Services Act – Block Grants, §1943 (a) (3) and § 1971 and § 1949, as amended by Public Law 106-310, to the Department. The Department will receive and use individual consumer characteristic and service data disclosed by the Board through the CCS as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (a) (1) and under § 32.1-127.1:03.D (6) of the *Code of Virginia* and shall implement procedures to protect the confidentiality of this information pursuant to § 37.1-197.A.16 and B.16 of the *Code of Virginia* and HIPAA.
- 3) The Department will work with representatives of the Board to reduce the number of data elements required whenever this is possible.
- 4) The Department will ensure that all surveys and requests for data have been reviewed for cost effectiveness and developed through a joint Department and Board process.

e. Discharge Assistance Project

- 1) **Department Responsibilities:** If the Board participates in any DAP funded by the Department, the Department shall fund and monitor the DAP as a restricted fund. The

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Department agrees that the Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans to the Department for preauthorization or approval. The Department shall maintain a database about DAP consumers, including admissions to and discharges from the DAP.

- 2) **Department Review:** The Department may conduct utilization review or utilization management activities involving services provided by the Board under the DAP. If such activities involve the disclosure of protected health information, the information may be used and disclosed as permitted under 45 CFR §§ 164.506 (c) (1), (3), and (4) and 164.512 (k) (6) (ii).
- 3) **Adherence to Procedures:** The Department shall adhere to the DAP Procedures in the General Requirements Document. If the Board's participation in the DAP causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.1-199 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the DAP funds, as authorized by that *Code* section and State Board Policy 4010.

f. Individualized Services

- 1) **Department Responsibilities:** If the Board participates in any individualized services, except DAP, funded by the Department (e.g., the MH Non CSA-Mandated Child and Adolescent Services), the Department shall fund and monitor those services as a restricted fund. The Department agrees that the Board shall be responsible for ensuring the effective utilization of those funds, without submitting individualized services plans to the Department for preauthorization, approval, or information.
- 2) **Department Review:** The Department may conduct utilization review or utilization management activities involving services provided by the Board as individualized services. If such activities involve the disclosure of protected health information, the information may be used and disclosed as permitted under 45 CFR §§ 164.506 (c) (1) and (3) and 164.512 (k) (6) (ii).

- g. **Compliance with State and Federal Requirements:** The Department shall comply with applicable state and federal statutes and administrative rules and regulations as they affect the operation of this contract. If any laws, administrative rules or regulations that become effective after the execution date of this contract substantially change the nature and conditions of this contract, they shall be binding upon the parties, but the parties retain the right to exercise any remedies available to them by law or other provisions of this contract. The Department and its mental health and mental retardation facilities shall comply with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder by their compliance dates, except where the HIPAA requirements and applicable state law or regulations are contrary, and state statutes or regulations are more stringent, as defined in 45 CFR § 160.202, than the related HIPAA requirements. If the Board's receipt of state facility reinvestment project funds causes it to be out of compliance with the 10 percent local matching funds requirement in § 37.1-199 of the *Code of Virginia*, the Department shall grant an automatic waiver of that requirement, related to the state facility reinvestment project funds, as authorized by that *Code* section and State Board Policy 4010.

- h. **Communication:** The Department shall provide technical assistance and written notification regarding changes in funding source requirements, such as regulations, policies, procedures, and interpretations, to the extent that those changes are known to the Department. The Department shall resolve, to the extent practicable, inconsistencies in state agency requirements that affect requirements in this contract. The Department shall respond in a timely manner to written correspondence from the Board that requests information or a response.

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8. **Subcontracting:** The Board may subcontract any of the requirements in this contract. The Board shall remain fully and solely responsible and accountable for meeting all of its obligations and duties under this contract, including all services, terms, and conditions, without regard to its subcontracting arrangements. Subcontracting must comply with applicable statutes, regulations, and guidelines, including the Virginia Public Procurement Act. All subcontracted activities shall be formalized in written contracts between the Board and subcontractors. The Board agrees to provide copies of such contracts or other documents to the Department upon request. The Board shall satisfy the subcontracting provisions in the General Requirements Document.

9. Terms and Conditions

- a. **Availability of Funds:** ~~The Department and the Board shall be bound by the provisions of~~ this contract only to the extent of the funds available or that may hereafter become available for the purposes of the contract.
- b. **Compliance:** The Department may utilize a variety of remedies, including but not limited to requiring a corrective action plan, delaying payments, and terminating the contract, to assure Board compliance with this contract. Specific remedies, described in Exhibit I of this contract, may be taken if the Board fails to satisfy the reporting requirements in this contract.
- c. **Disputes:** Resolution of disputes arising from Department contract compliance review and performance management efforts or from actions by the Board related to this contract may be pursued through the dispute resolution process in section 9.f, which may be used to appeal only the following conditions:
- 1) reduction or withdrawal of state general or federal funds, unless funds for this activity are withdrawn by action of the General Assembly or federal government, or adjustment of allocations or payments pursuant to section 5 of this contract;
 - 2) termination or suspension of the performance contract, unless funding is no longer available;
 - 3) refusal to negotiate or execute a contract modification;
 - 4) disputes arising over interpretation or precedence of terms, conditions, or scope of the performance contract;
 - 5) determination that an expenditure is not allowable under this contract; and
 - 6) determination that the performance contract is void.

d. Termination

- 1) The Department may terminate this contract immediately, in whole or in part, at any time during the contract period if funds for this activity are withdrawn or not appropriated by the General Assembly or are not provided by the federal government. In this situation, the obligations of the Department and the Board under this contract shall cease immediately.
- 2) In accordance with § 37.1-198 of the *Code of Virginia*, the Department may terminate all or a portion of this contract, after unsuccessful use of the remediation process described in section 9.e and after affording the Board an adequate opportunity to use the dispute resolution process described in section 9.f of this contract. A written notice specifying the cause must be delivered to the Board's board chairman and executive director at least 75 days prior to the date of actual termination of the contract. In the event of contract termination under these circumstances, only payment for allowable services rendered by the Board shall be made by the Department.

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- e. **Remediation Process:** The remediation process mentioned in § 37.1-198 of the *Code of Virginia* is an informal procedure that shall be used by the Department and the Board to address a particular situation or condition identified by the Department or the Board that may, if unresolved, result in termination of the contract, in accordance with the provisions of section 9.d of this contract. The details of this remediation process shall be developed by the parties and added as an Exhibit of this contract. This exhibit shall describe the situation or condition and include the performance measures that shall document a satisfactory resolution of the situation or condition.
- f. **Dispute Resolution Process:** Disputes arising from any of the conditions in section 9.c shall be resolved using the following process.
- 1) Within 15 days of the Board's identification or receipt of a disputable action taken by the Department or of the Department's identification or receipt of a disputable action taken by the Board, the party seeking resolution of the dispute shall submit a written notice to the Department's Director of Community Contracting, stating its desire to use the dispute resolution process. The written notice must describe the condition, nature, and details of the dispute and the relief sought by the party.
 - 2) The Director of Community Contracting shall review the written notice and determine if the dispute falls within the conditions listed in section 9.c. If it does not, the Director of Community Contracting shall notify the party in writing within seven days of receipt of the written notice that the dispute is not subject to this dispute resolution process. The party may appeal this determination to the Commissioner in writing within seven days of its receipt of the Director's written notification.
 - 3) If the dispute falls within the conditions listed in section 9.c, the Director of Community Contracting shall notify the party within seven days of receipt of the written notice that a panel will be appointed within 15 days to conduct an administrative hearing.
 - 4) Within 15 days of notification to the party, a panel of three or five disinterested individuals shall be appointed to hear the dispute. The Board shall appoint one or two members; the Commissioner shall appoint one or two members; and the appointed members shall appoint the third or fifth member. Each panel member will be informed of the nature of the dispute and be required to sign a statement indicating that he has no interest in the dispute. Any person with an interest in the dispute shall be relieved of panel responsibilities and another person shall be selected as a panel member.
 - 5) The Director of Community Contracting will contact the parties by telephone and arrange for a panel hearing at a mutually convenient time, date, and place. The panel hearing shall be scheduled not more than 15 days after the appointment of panel members. Confirmation of the time, date, and place of the hearing will be communicated to all parties at least seven days in advance of the hearing.
 - 6) The panel members shall elect a chairman and the chairman shall convene the panel. The party requesting the panel hearing shall present evidence first, followed by the presentation of the other party. The burden shall be on the party requesting the panel hearing to establish that the disputed decision or action was incorrect and to present the basis in law, regulation, or policy for its assertion. The panel may hear rebuttal evidence after the initial presentations by the Board and the Department. The panel may question either party in order to obtain a clear understanding of the facts.
 - 7) Subject to provisions of the Freedom of Information Act, the panel shall convene in closed session at the end of the hearing and shall issue written recommended findings of fact within seven days of the hearing. The recommended findings of fact shall be submitted to the Commissioner for a final decision.

FY 2005 Community Services Performance Contract

- 8) The findings of fact shall be final and conclusive and shall not be set aside by the Commissioner unless they are (1) fraudulent, arbitrary, or capricious; (2) so grossly erroneous as to imply bad faith; or (3) in the case of termination of the contract due to failure to perform, the criteria for performance measurement are found to be erroneous, arbitrary, or capricious.
- 9) The final decision shall be sent by certified mail to both parties no later than 60 days after receipt of the written notice from the party invoking the dispute resolution process.
- 10) Multiple appeal notices shall be handled independently and sequentially so that an initial appeal will not be delayed by a second appeal.
- 11) The Board or the Department may seek judicial review of the final decision as provided in § 2.2-4365 of the Code of Virginia in the Circuit Court for the City of Richmond within 30 days of receipt of the final decision.

- g. Contract Amendment:** This contract, including all exhibits and incorporated documents, constitutes the entire agreement between the Department and the Board. The services identified in the Exhibit A of this contract may be amended in accordance with the performance contract revision instructions, contained in Exhibit E of this contract. Other provisions of this contract may be amended only by mutual agreement of the parties, in writing and signed by the parties hereto.
- h. Liability:** The Board shall defend or compromise, as appropriate, all claims, suits, actions, or proceedings arising from its performance of this contract. The Board shall obtain and maintain sufficient liability insurance to cover claims for bodily injury and property damage and suitable administrative or directors and officers liability insurance. These responsibilities may be discharged by means of a proper and sufficient self-insurance program operated by the state or a city or county government. The Board shall provide a copy of any such policy or program to the Department upon request. This contract is not intended to, and does not, create by implication or otherwise any basis for any claim or cause of action by a person or entity not a party to this contract, arising out of any claimed violation of any provision of this contract, nor does it create any claim or right on behalf of any individual to services or benefits from the Board or the Department.
- i. Severability:** Each paragraph and provision of this contract is severable from the entire performance contract, and the remaining provisions shall nevertheless remain in full force and effect if any provision is declared invalid or unenforceable.

10. Areas for Future Resolution: On an ongoing basis, the Board and the Department agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public services. This section identifies issues and topics that the Board and the Department agree to work on collaboratively during the term of this contract in order to resolve them during that period or later, if necessary. Issues and topics may be added at any time by mutual agreement through amendment of this contract. The Board or representatives of the Board and the Department will establish work groups where appropriate to address these issues and topics. The Department and the Board also may address issues and topics through the System Leadership Council, which is described in the Partnership Agreement.

- a. Operational Framework:** Develop a framework for how the Board and the Department will assure and improve the quality of care and work together as partners, making the goals and provisions of the Partnership Agreement operational.
- b. Systemic Procedures:** Develop a process or mechanism, similar to the Departmental Instructions used with state facilities, to establish standardized, systemic procedures for community services boards, particularly regarding clinical treatment and habilitation services provision.

FY 2005 Community Services Performance Contract

- c. **Systemic Outcomes:** Develop meaningful systemic outcomes, perhaps with regional variations, that would enable the Board and the Department to focus attention on a smaller number of more significant outcome and performance measures.
- d. **Billing Consumers:** Develop recommendations regarding procedures about charging and billing consumers for services, particularly in those situations where consumers have no resources and continuing to bill them would be administratively burdensome and not cost effective.
- e. **Priority Populations:** Resolve concerns about the continued use of priority populations.
- f. **Discharge Planning Protocols:** Complete revision of the protocols using a process that is consistent with the provisions of the Partnership Agreement.
- g. **Discharge Assistance Project:** Streamline reporting for DAP, using a process that is consistent with the provisions of the Partnership Agreement.
- h. **Co-Occurring Disorders:** Develop protocols for providing state facility and community-based services to individuals with dual or multiple diagnoses (e.g., MI/MR, MI/SA, MR/MI, MR/SA, SA/MI, SA/MR, MI/MR/SA), including criteria correlated to each diagnosis for admission of these individuals to particular state facilities and program or service models for serving these individuals in community settings.

11. **Signatures:** In witness thereof, the Department and the Board have caused this performance contract to be executed by the following duly authorized officials.

Virginia Department of Mental Health,
Mental Retardation and Substance
Abuse Services

Colonial Services Board

Board

By: _____

Name: James S. Reinhard, M.D.
Title: Commissioner

Date: _____

By: Janis C. L. MacQueston

Name: Janis C.L. MacQueston
Title: Chairman of the Board

Date: 6/16/04

By: Harris W. Daniel

Name: Harris W. Daniel
Title: Executive Director

Date: 6/17/04

Exhibit A

Colonial

Consolidated Budget				
Revenue Source	Mental Health	Mental Retardation	Substance Abuse	TOTAL
State Funds	1,825,411	480,182	801,800	3,107,393
State Restricted Funds	110,969	0	16,378	127,347
Local Matching Funds	580,238	614,218	318,334	1,512,790
Fee Revenues	1,408,859	2,019,221	96,359	3,524,439
Federal Funds	51,812	379,075	451,219	882,106
Other Funds	155,730	290,853	313,301	759,884
State Retained Earnings	0	0	0	0
Federal Retained Earnings	0		0	0
Other Retained Earnings	0	0	0	0
Subtotal Funds	4,133,019	3,783,549	1,997,391	9,913,959
State Funds One-Time				
State Restricted Funds One-Time				
Federal Funds One-Time	0			0
Subtotal One -Time Funds	0			0
TOTAL ALL FUNDS	4,133,019	3,783,549	1,997,391	9,913,959
Expenses	4,029,176	3,956,010	1,928,773	9,913,959

Local Match Computation	
Total State Restricted and State Fund (Less DAP and Net Reinvestment)	3,151,236
Local Matching Funds	1,512,790
Total State and Local	4,664,026
% Local Match	32.44%

Fees Transferred		
TO	FROM	NET
0	0	0

Administrative & Management Expenses	
Total Admin. Expenses	569,785
Total Expenses	9,913,959
% Administration	5.75%

Emergency Response Budget	
Revenue	222,786
Expenses	222,786

FY2005 Performance Contract

Colonial

Financial Comments

<i>Comment1</i>	
<i>Comment2</i>	
<i>Comment3</i>	
<i>Comment4</i>	
<i>Comment5</i>	
<i>Comment6</i>	
<i>Comment7</i>	
<i>Comment8</i>	
<i>Comment9</i>	
<i>Comment10</i>	
<i>Comment11</i>	
<i>Comment12</i>	
<i>Comment13</i>	
<i>Comment14</i>	
<i>Comment15</i>	
<i>Comment16</i>	
<i>Comment17</i>	
<i>Comment18</i>	
<i>Comment19</i>	
<i>Comment20</i>	

FY 2005 Performance Contract MH Financial Summary

Colonial

Revenue Sources	<u>Revenue</u>
<u>Fees</u>	
MH Medicaid Fees	0
MH Fees: Other	1,408,859
	<hr/>
Total MH Fees	1,408,859
MH Transfer Fees (To)/From	0
	<hr/>
MH Net Fees	1,408,859
<u>Restricted Funds</u>	
Federal	
MH FBG SED (C&A)	37,550
MH FBG SMI	14,262
MH FBG PACT	0
MH Fed PATH	0
MH Fed Shelter Plus (NW only)	0
MH Other Federal - DMHMRSAS	0
MH Other Federal - CSB	0
	<hr/>
Total Federal Restricted MH Funds	51,812
State	
MH Acute Care (Fiscal Agent)	0
MH Transfer In/(Out) Acute Care	0
	<hr/>
MH Net Acute Care	0
MH Facility Reinvestment (Fiscal Agent)	0
MH Transfer In/(Out) Facility Reinvestment	0
	<hr/>
MH Net Facility Reinvestment	0
MH Aftercare (Wintex/DADS- HPR II)	0
MH PACT	0
MH Discharge Assistance	83,504
MH CSA Non-Mandated	27,465
	<hr/>
Total State Restricted MH Funds	110,969
<u>Other Funds</u>	
MH Other Funds	155,730
MH Federal Retained Earnings	0
MH State Retained Earnings	0
MH Other Retained Earnings	0
	<hr/>
Total Other MH Funds	155,730

FY 2005 Performance Contract MH Financial Summary

Colonial

Revenue Sources	<u>Revenue</u>
<u>State Funds</u>	
MH State General Funds	1,800,411
MH State Regional Deaf Services	0
MH State NGRI	0
MH State Children's Services	25,000
Total State MH Funds	<u>1,825,411</u>
<u>Local Matching Funds</u>	
MH In-Kind	0
MH Contributions	0
MH Local Other	0
MH Local Government	580,238
Total Local MH Funds	<u>580,238</u>
Total MH Revenue	4,133,019
<u>MH One Time Funds</u>	
MH FBG SWVMH Board	0
Total One Time MH Funds	<u>0</u>
Total ALL MH Revenue	4,133,019

FY 2005 Performance Contract MR Financial Summary

Colonial

Revenue Sources	Revenue
<u>Fees</u>	
MR Medicaid Fees	2,019,221
MR Medicaid ICF/MR	0
MR Fees: Other	0
Total MR Fees	2,019,221
MR Transfer Fees (To)/From	0
MR Net Fees	2,019,221
<u>Restricted Funds</u>	
Federal	
MR Child Day Care	0
MR Other Federal - DMHMRSAS	0
MR Other Federal - CSB	379,075
Total Federal Restricted MR Funds	379,075
State	
MR Facility Reinvestment (Fiscal Agent)	0
MR Transfer In/(Out) Facility Reinvestment	0
MR Net Facility Reinvestment	0
Total State Restricted MR Funds	0
<u>Other Funds</u>	
MR Workshop Sales	0
MR Other Funds	290,853
MR State Retained Earnings	0
MR Other Retained Earnings	0
Total Other MR Funds	290,853
<u>State Funds</u>	
MR State General Funds	466,924
MR OBRA	13,258
MR Family Support	0
MR Children's Family Support	0
Total State MR Funds	480,182
<u>Local Matching Funds</u>	
MR In-Kind	0
MR Contributions	0
MR Local Other	0
MR Local Government	614,218
Total Local MR Funds	614,218
Total ALL MR Revenue	3,783,549

FY 2005 Performance Contract SA Financial Summary
Colonial

Revenue Sources	Revenue
<u>Fees</u>	
SA Medicaid Fees	0
SA Fees: Other	96,359
Total SA Fees	96,359
SA Transfer Fees (To)/From	0
SA Net Fees	96,359
<u>Restricted Funds</u>	
Federal	
SA FBG Alcohol/Drug Trmt	100,159
SA FBG Women	159,253
SA FBG Prevention-Women	0
SA FBG SARPOS	17,436
SA FBG HIV/AIDS	19,498
SA FBG Facility Diversion	10,491
SA FBG Jail Services	0
SA FBG Crisis Intervention	0
SA FBG Prevention	125,600
SA FBG Co-Occurring	18,782
SA FBG Turning Point	0
SA FBG Prev-Strengthening families	0
SA Other Federal - DMHMRSAS	0
SA Other Federal - CSB	0
SA Fed TANF/LINK	0
SA Fed State Incentive Grant	0
Total Federal Restricted SA Funds	451,219
State	
SA Facility Reinvestment (Fiscal Agent)	0
SA Transfer In/(Out) Facility Reinvestment	0
SA Net Facility Reinvestment	0
SA Facility Diversion	16,378
SA Comm. Based Trmt - Women	0
SA Jail Services	0
Total State Restricted SA Funds	16,378

**FY 2005 Performance Contract SA Financial Summary
Colonial**

Revenue Sources	Revenue
<hr/>	
<u>Other Funds</u>	
SA Other Funds	313,301
SA Federal Retained Earnings	0
SA State Retained Earnings	0
SA Other Retained Earnings	0
Total Other SA Funds	<hr/> 313,301
<u>State Funds</u>	
SA State General Funds	801,800
SA State Women's Svs. (Link)	0
SA Region V Residential	0
SA Jail Services/Juv Detention	0
SA Postpartum - Women	0
Total State SA Funds	<hr/> 801,800
<u>Local Matching Funds</u>	
SA In-Kind	0
SA Contributions	0
SA Local Other	0
SA Local Government	318,334
Total Local SA Funds	<hr/> 318,334
Total ALL SA Revenue	<hr/> 1,997,391

EMERGENCY RESPONSE FORM - PERFORMANCE CONTRACT

Colonial

FY 2005

FEDERAL FUNDS

FUND	REVENUE	EXPENSES
MH Fed. - Regular Services - Isabel	222,786	222,786
TOTAL FEDERAL FUNDS	222,786	222,786

LOCAL GOVERNMENT TAX APPROPRIATIONS

Colonial

FY2005

City/County	Tax Appropriation
James City County	677,440
York County	540,000
Poquoson City	100,415
Williamsburg City	194,935
Total Local Government Tax Funds:	1,512,790

FY2005 CSB 100 Mental Health Utilization Data

Quarter: C

Colonial

Report for Form 11

Core Services / Enrollment Codes	Service Capacity	Total Units	Contract Units	Units Per Capacity	Consumers Served	Expenses
100 Emergency Services	7.5 FTEs	65520	3175	423	960	\$431,595
310 Outpatient Services	7.7 FTEs	15015	7000	909	1350	\$939,483
320 Case Management Services	7.25 FTEs	14137.5	9800	1,352	1000	\$1,075,452
425 Rehabilitation	55 Slots	100100	43000	782	125	\$580,376
460 Transitional or Supported Employment	3.25 FTEs	6337.5	4000	1,231	55	\$57,400
551 Supervised Residential Services	16 Beds	5840	4400	275	20	\$764,120
610 Prevention Services	2.75 FTEs	5362.5	3300	1,200		\$180,750
910 Discharge Assistance Project (DAP)					3	
915 Non-CSA Mandated MH C&A Services					10	
Total Expenses						\$4,029,176

100
 310
 320
 425
 460
 551
 610
 910
 915

100
 310
 320
 425
 460
 551
 610
 910
 915

Colonial

Report for Form 21

Core Services / Enrollment Codes	Service Capacity	Total Units	Contract Units	Units Per Capacity	Consumers Served	Expenses
320 Case Management Services	5.75 FTEs	11212.5	4700	817	190	\$499,639
425 Rehabilitation	55 Slots	100100	72000	1,309	66	\$885,978
430 Sheltered Employment	10 Slots	2600	1900	190	13	\$583,361
460 Transitional or Supported Employment	1.75 FTEs	3412.5	2400	1,371	15	\$148,060
551 Supervised Residential Services	16 Beds	5840	6000	375	18	\$1,078,422
610 Prevention Services	0.75 FTEs	1170	1200	1,600		\$59,204
620 Early Intervention Services	0 FTEs	0	6500		170	\$701,346
920 Medicaid Mental Retardation HCB Waiver Services					43	
Total Expenses						\$3,956,010

FY2005 CSB 300 Substance Abuse Utilization Data

Quarter: C

Colonial

Report for Form 31

Core Services / Enrollment Codes	Service Capacity	Total Units	Contract Units	Units Per Capacity	Consumers Served	Expenses
310 Outpatient Services	7.65 FTEs	14917.5	18000	2,353	750	\$920,430
320 Case Management Services	1 FTEs	1950	1200	1,200	320	\$254,359
521 Intensive Residential Services	0 Beds	0	400		35	\$50,000
610 Prevention Services	3.55 FTEs	6922.5	5700	1,606		\$703,984
930 SA State MH Facility Admission Diversion Project					34	
Total Expenses						\$1,928,773

Report

310 Outpatient Services

320 Case Management Services

Report

310 Outpatient Services

Community Services Performance Contract General Requirements Document

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Community Services Performance Contract General Requirements Document

1. Purpose

- A. Title 37.1 of the *Code of Virginia* establishes the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (the Department) to ensure delivery of publicly-funded services and supports to residents with mental illnesses, mental retardation, or alcohol or other drug dependence or abuse and authorizes it to fund community mental health, mental retardation, and substance abuse services.
- B. Sections 37.1-194 through 202.1 of the *Code of Virginia* require cities and counties to establish community services boards for the purpose of providing local public mental health, mental retardation, and substance abuse services; sections 37.1-242 through 253 authorize certain cities or counties to establish behavioral health authorities that plan and provide those same local public services. In this Document, community services boards, local government departments with policy-advisory community services boards, and behavioral health authorities will be referred to as Boards.
- C. This General Requirements Document (the Document) includes or incorporates by reference ongoing statutory, regulatory, policy, and other requirements that are not expected to change frequently and are accordingly not included in the annual community services performance contract. This Document is incorporated into and made a part of the current community services performance contract by reference. Any changes in these requirements shall be made in accordance with applicable provisions of the Partnership Agreement.

II. Joint Department and Board Requirements

- A. **General Requirements:** Boards and the Department shall comply with all applicable federal and state laws, administrative rules and regulations, and policies and procedures. If any laws, administrative rules or regulations, or policies or procedures that become effective after the issuance of this Document change requirements in it, they shall replace the applicable provisions in this Document and shall be binding upon Boards and the Department, but the Department and Boards retain the right to exercise any remedies available to them by law or applicable provisions in the community services performance contract.
- B. **Continuity of Care Procedures:** In fulfilling their respective statutory responsibilities for preadmission screening and predischARGE planning, Boards and the Department shall comply with the Continuity of Care Procedures, which are contained in Appendix A of this Document.
- C. **Discharge Planning Protocols:** Boards and the Department shall comply with the most recent version of the *Discharge Planning Protocols*, which are issued by the Department and are incorporated into and made a part of this Document by reference. Boards shall provide predischARGE planning pursuant to § 37.1-197.1 of the *Code of Virginia* and in accordance with the Continuity of Care Procedures, which are contained in Appendix A of this Document, and the most recent version of the *Discharge Planning Protocols*.
- D. **Procedures for Continuity of Care Between Boards and State Psychiatric Facilities:** Boards and the Department shall comply with the *Procedures for Continuity of Care Between Community Services Boards and State Psychiatric Facilities* that were issued on February 3, 1997, and are incorporated into and made a part of this Document by reference.
- E. **Discharge Assistance Project Procedures:** Boards, if they participate in any DAP funded by the Department, and the Department shall adhere to provisions of the Discharge Assistance Project (DAP) Procedures in Appendix B of this Document.

Community Services Performance Contract General Requirements Document

III. Board Requirements

A. State Requirements

1. **General State Requirements:** Boards shall comply with applicable state statutes and regulations, State Mental Health, Mental Retardation and Substance Abuse Services Board regulations and policies, and Department procedures including:
 - a. Community Mental Health, Mental Retardation and Substance Abuse Services, §§ 37.1-194 through -202.1 of the *Code of Virginia*;
 - b. State and Local Government Conflict of Interests Act, §§ 2.2-3100 through -3127 of the *Code of Virginia*;
 - c. Virginia Freedom of Information Act, §§ 2.2-3700 through -3714 of the *Code of Virginia*, including its notice of meeting and public meeting provisions;
 - d. Government Data Collection and Dissemination Practices Act, §§ 2.2-3800 through -3809 of the *Code of Virginia*;
 - e. Virginia Public Procurement Act, §§ 2.2-4300 through -4377 of the *Code of Virginia*;
 - f. Disclosure of Patient Information to Third Party Payors by Professionals, §§ 37.1-225 through -233 of the *Code of Virginia*;
 - g. Early Intervention Services System, §§ 2.2-5300 through -5308 of the *Code of Virginia*, if a Board receives early intervention (Part C) state funds;
 - h. Other applicable provisions of Title 37.1 and other titles of the *Code of Virginia*; and
 - i. Applicable provisions of the current Appropriation Act.
2. **Continuity of Care:** Section 37.1-197.1 of the *Code of Virginia* requires each Board to function as the single point of entry into the publicly-funded mental health, mental retardation, and substance abuse services system. The Board fulfills this function for individuals who reside or are located in the Board's service area.
3. **Preadmission Screening:** Boards shall provide preadmission screening services pursuant to §§ 37.1-65, -67.1, -67.3, and -197.1 and 16.1-335 et seq. of the *Code of Virginia* and in accordance with the Continuity of Care Procedures for any person who resides or is located in a Board's service area.
4. **Predischarge Planning:** Boards shall provide predischarge planning pursuant to § 37.1-197.1 of the *Code of Virginia* and in accordance with the Continuity of Care Procedures and the most recent version of the *Discharge Planning Protocols*.
5. **Protection of Consumers**
 - a. **Human Rights:** Boards shall comply with the current *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services* (the Human Rights Regulations) promulgated by the State Mental Health, Mental Retardation and Substance Abuse Services Board. In the event of a conflict between any of the provisions of this Document and provisions in the Human Rights Regulations, the applicable provisions of the Human Rights Regulations shall apply. Boards shall cooperate with any Department investigation of allegations or complaints of human rights violations, including providing any information needed for the investigation as required under state law and as permitted under 45 CFR § 164.512 (d) in as expeditious a manner as possible.
 - b. **Consumer Disputes:** The filing of a complaint or the use of the informal dispute resolution mechanism in the Human Rights Regulations by a consumer or his family member or legally authorized representative shall not adversely affect the quantity, quality, or timeliness of services provided to that consumer unless an

Community Services Performance Contract General Requirements Document

action that produces such an effect is based on clinical or safety considerations and is documented in the consumer's individualized services plan (ISP).

- c. **Consumer Dispute Resolution Mechanism:** Boards shall develop their own procedures for complying with the informal dispute resolution process in the Human Rights Regulations and for satisfying the requirements in § 37.1-197 of the *Code of Virginia* for a local consumer dispute resolution mechanism.

6. Financial Management Requirements, Policies, and Procedures

- a. **Generally Accepted Accounting Principles:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board's financial management and accounting system must operate and produce financial statements and reports in accordance with Generally Accepted Accounting Principles. It must include necessary personnel and financial records and a fixed assets system. It must provide for the practice of fund accounting and adhere to cost accounting guidelines issued by the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory Board, a Board shall comply with local government financial management requirements, policies, and procedures. If the Department receives any complaints about a Board's financial management operations, the Department will forward such complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of that Board's financial management activities.

- b. **Accounting:** Boards shall account for all service and administrative expenses accurately and submit timely reports to the Department to document these expenses. Boards shall submit their Uniform Cost Reports for the previous fiscal year in a form and format defined in the Uniform Cost Report Manual issued by the Department, pursuant to § 37.1-198 of the *Code of Virginia*, to the Office of Financial Reporting and Compliance by December 31 or within 60 days after a Board receives the report of its audit, if that is later.
- c. **Annual Independent Audit:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board shall obtain an annual audit conducted by independent certified public accountants. Audited financial statements shall be prepared in accordance with generally accepted accounting principles (GAAP). The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments*. GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. Copies of the audit and the accompanying management letter must be provided to the Office of Financial Reporting and Compliance in the Department and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department. If it is not included

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in a city or county government audit, a Board must publish a statement of financial condition in a local newspaper, pursuant to § 30-140 of the *Code of Virginia*.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory Board, a Board shall be included in the annual audit of its local government. Copies of the applicable portions of the accompanying management letter must be provided to the Office of Financial Reporting and Compliance in the Department. Deficiencies and exceptions noted in a management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board, its local government(s), and the Department.

If an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or a local government department with a policy-advisory board obtains a separate annual audit conducted by independent certified public accountants, audited financial statements shall be prepared in accordance with generally accepted accounting principles. The appropriate GAAP basis financial reporting model is the Enterprise Fund in accordance with the requirements of Governmental Accounting Standards Board (GASB) Statement Number 34, *Basic Financial Statements- and Management's Discussion and Analysis- for State and Local Governments*. GASB 34 replaces the previous financial reporting model *Health Care Organizations Guide*, produced by the American Institute of Certified Public Accountants. Local government will determine the appropriate fund classification in consultation with its certified public accountant. Copies of the audit and the accompanying management letter must be provided to the Office of Financial Reporting and Compliance and to each local government that established the Board. Boards shall, to the extent practicable, obtain unqualified audit opinions. Deficiencies and exceptions noted in an audit or management letter must be resolved or corrected within a reasonable period of time, mutually agreed upon by the Board and the Department. If it is not included in a city or county government audit, a Board must publish a statement of financial condition in a local newspaper, pursuant to § 30-140 of the *Code*.

- d. **Federal Audit Requirements:** When the Department subgrants federal grants to a Board, all federal government audit requirements must be satisfied.
- e. **Subcontractor Audits:** Boards shall obtain, review, and take any necessary actions on audits, which are required by the Financial Management Standards for Community Services Manual issued by the Department, of any subcontractors that provide services that are procured under the Virginia Public Procurement Act and included in this contract. The Board shall provide copies of these audits to the Office of Financial Reporting and Compliance in the Department.
- f. **Bonding:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, Board employees with financial responsibilities shall be bonded in accordance with local financial management policies.
- g. **Fiscal Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board's written fiscal policies and procedures shall conform to applicable State Board policies and Departmental

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policies and procedures, contained in the Financial Management Standards for Community Services Manual issued by the Department.

- h. **Financial Management Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, a Board shall be in material compliance with the requirements in the current Financial Management Standards for Community Services Manual issued by the Department.
- i. **Local Government Approval:** Boards shall submit their performance contracts to the local governments in their service areas for review and approval, pursuant to § 37.1-198 of the *Code of Virginia*, which requires approval of the contracts by September 15. Boards shall submit their contracts to the local governing bodies of the political subdivisions that established them in accordance with the schedules determined by those governing bodies or at least 15 days before meetings at which the governing bodies are scheduled to consider approval of their contracts. Unless prohibited from doing so by its local government(s), a Board may submit its contract to the Department before it is approved by its local government(s).
- j. **Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government financial management requirements, policies, and procedures, the Department may conduct a review of the Board's financial management activities at any time. Boards shall submit formal plans of correction to the Office of Financial Reporting and Compliance in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government financial management requirements, policies, and procedures or it is a local government department with a policy-advisory Board, the Department may conduct a review of a Board's financial management activities at any time in order to fulfill its responsibilities for federal sub-recipient (Board) monitoring requirements under the Single Audit Act (OMB Circular A-133). Such reviews shall be limited to sub-recipient monitoring responsibilities in Subpart D.400 of the Single Audit Act associated with receipt of federal funds by the Board. Such Boards shall submit formal plans of correction to the Office of Financial Reporting and Compliance in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

7. Procurement Requirements, Policies, and Procedures

- a. **Procurement Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall have written procurement policies and procedures in effect that address internal procurement responsibilities, small purchases and dollar thresholds, ethics, and disposal of surplus property. Written procurement policies and procedures relating to vendors shall be in effect that address how to sell to the Board, procurement, default, and

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protests and appeals. All written policies and procedures must conform to the Virginia Public Procurement Act and the current Community Services Procurement Manual issued by the Department.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government procurement requirements, policies, and procedures or it is a local government department with a policy-advisory Board, a Board shall comply with its local government's procurement requirements, policies, and procedures, which must conform to the Virginia Public Procurement Act. If the Department receives any complaints about such a Board's procurement operations, the Department will forward these complaints to the local government and any other appropriate authorities. In response to those complaints, the Department may conduct a review of the Board's procurement activities.

- b. **Procurement Manual:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, a Board shall be in material compliance with the requirements contained in the current Community Services Procurement Manual issued by the Department.
- c. **Department Review:** If a Board is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government procurement requirements, policies, and procedures, the Department may conduct a review of the Board's procurement activities at any time. The review will include a sampling of Board subcontracts. Boards shall submit formal plans of correction to the Office of Administrative Services in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.

8. Reimbursement Requirements, Policies, and Procedures

- a. **Reimbursement System:** Each Board's reimbursement system shall comply with §§ 37.1-197, 37.1-202.1, and 20-61 of the *Code of Virginia*. Its operation must be described in organizational charts identifying all staff members, flow charts, and specific job descriptions for all personnel involved in the reimbursement system.
- b. **Policies and Procedures:** Written fee collection policies and procedures shall be adequate to maximize revenues from consumers and responsible third party payors.
- c. **Schedule of Charges:** A schedule of charges shall exist for all services that are included in the performance contract, be related reasonably to the cost of the services, and be applicable to all recipients of the services.
- d. **Ability to Pay:** A method, approved by a Board's board of directors, that complies with applicable state and federal regulations shall be used to evaluate the ability of each consumer to pay fees for the services he or she receives.
- e. **Reimbursement Manual:** Boards shall be in material compliance with the requirements in the current Community Services Reimbursement Manual issued by the Department.

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- f. **Department Review:** The Department may conduct a review of a Board's reimbursement activities at any time. Boards shall submit formal plans of correction to the Office of Cost Accounting and Reimbursement in the Department within 45 days of receipt of official reports of reviews. Minor compliance issues must be corrected within 45 days of submitting a plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting a plan, unless the Department grants an extension.
- g. **Medicaid and Medicare Regulations:** Boards shall comply with applicable federal and state Medicaid and Medicare regulations, policies, procedures, and provider agreements. Medicaid non-compliance issues identified by Department staff will be communicated to the Department of Medical Assistance Services.

9. Human Resource Management Requirements, Policies, and Procedures

- a. **Statutory Requirements:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board shall operate a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description, salary range, and advertisement for the position for review, pursuant to § 37.1-197 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position. In accordance with § 37.1-197 of the *Code of Virginia*, a Board shall employ its executive director under an annually renewable contract that contains performance objectives and evaluation criteria. If the Executive Director is considered a regular classified employee, no contract is required

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory board, a Board shall be part of a human resource management program that complies with state and federal statutes, regulations, and policies. When its executive director position becomes vacant, a Board shall provide to the Office of Community Contracting in the Department a current position description for review, pursuant to § 37.1-197 of the *Code of Virginia*. This review does not include Department approval of the selection or employment of a particular candidate for the position.

- b. **Policies and Procedures:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's written human resource management policies and procedures must include a classification plan and a uniform employee pay plan and must address benefits, progressive discipline (standards of conduct), professional conduct, employee ethics, compliance with the state Human Rights Regulations and the Board's local human rights policies and procedures, conflicts of interest, employee performance evaluation, equal employment opportunity, employee grievances, hours of work, leave, outside employment, recruitment and selection, transfer and promotion, termination and layoff, travel, initial employee orientation, examinations, employee to executive director and board of directors contact protocol, and on-the-job expenses. Policies must be reviewed and revised by its board of directors as necessary and at least every four years.

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If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory Board, a Board shall adhere to its local government's human resource management policies and procedures.

- c. **Job Descriptions:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must have written, up-to-date job descriptions for all positions. Job descriptions must include identified essential functions, explicit responsibilities, and qualification statements, expressed in terms of knowledges, skills, and abilities as well as business necessity and bona fide occupational qualifications or requirements. Job descriptions must be reviewed and revised as necessary whenever the position becomes vacant, the classification plan is revised, or at least every two years.
- d. **Grievance Procedure:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board's grievance procedure must satisfy § 15.2-1506 or -1507 of the *Code of Virginia*.
- e. **Uniform Pay Plan:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, a Board must adopt a uniform pay plan in accordance with § 15.2-1506 of the *Code of Virginia* and the Equal Pay Act of 1963.
- f. **Department Review:** If it is an operating board, a behavioral health authority, or an administrative policy board that is not a city or county department or agency or is not required to adhere to local government human resource management requirements, policies, and procedures, employee complaints regarding a Board's human resource management practices will be referred back to the Board for appropriate local remedies. The Department may conduct a human resource management review to ascertain a Board's compliance with performance contract requirements and assurances, based on complaints or other information received about a Board's human resource management practices. If a review is done and deficiencies are identified, a Board shall submit a formal plan of correction to the Office of Human Resource Management and Development in the Department within 45 days of receipt of an official report of a review. Minor compliance issues must be corrected within 45 days of submitting the plan. Action to correct major compliance issues must be initiated within 45 days and completed within 180 days of submitting the plan, unless the Department grants an extension.

If it is an administrative policy board that is a city or county department or agency or is required to adhere to local government human resource management requirements, policies, and procedures or it is a local government department with a policy-advisory Board, employee complaints regarding a Board's human resource management practices will be referred back to the local government for appropriate local remedies. In response to complaints that it receives, the Department may conduct a review of such a local government's human resource management practices at any time.

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10. Information Technology Capabilities and Requirements: Boards shall meet the following requirements.

- a. Hardware and Software Procurement:** Any hardware and software purchased by a Board with state or federal funds shall be capable of addressing requirements established by the Department, including communications, compatibility, and network protocols and the reporting requirements in the performance contract. Such procurements may be subject to review and approval by the Office of Information Technology Services in the Department.
- b. Operating System:** Boards shall use or have access to operating systems that are compatible with or are able to communicate with the Department's NT network. A Board's computer network or system must be capable of supporting and running the Department's CARS-ACCESS software and should be capable of processing and reporting standardized consumer, service, outcome, and financial information based on documents listed in the performance contract.
- c. Electronic Communication:** Boards shall ensure that their information systems communicate with those used by the Department. Such integration shall provide file and data exchange capabilities for automated routines and access to legally-mandated systems via the TCP/IP networking protocol.
- d. Data Access:** Boards shall develop and implement or access automated systems that allow for output of fiscal, service, and consumer data, taking into consideration the need for appropriate security and confidentiality. Output shall be in a format prescribed by the Department. In addition to regular reports, such data may be used to prepare ad hoc reports on consumers and services and to update Department files using this information. Boards shall ensure that their information systems meet all applicable state and federal confidentiality requirements, particularly concerning the distribution of identifying information, diagnosis, service history, and service use and are HIPAA compliant.

11. Licensing: Boards shall comply with the current licensing regulations promulgated by the State Board. Boards shall establish systems to ensure ongoing compliance with applicable licensing regulations. Results of licensing reviews, including unannounced visits, scheduled reviews, and complaint investigations, shall be provided to all members of a Board in a timely manner.

12. Quality of Care

a. Individualized Services Plan (ISP)

- 1) Assessment:** Each consumer shall receive an assessment appropriate to his or her needs that a) includes, where appropriate, consideration of co-occurring mental illness, mental retardation, or substance dependence or abuse, b) is consistent with the Department's licensing regulations, and c) is performed by an individual with appropriate clinical training. The assessment and the development of the ISP shall be completed within time periods specified in the applicable Medicaid or Departmental licensing regulations. After the initial assessment, the consumer shall be referred to a qualified service provider for treatment appropriate to his or her condition or needs.
- 2) Service Planning:** Boards shall develop and implement a written ISP for each consumer who is admitted that is appropriate to his or her needs and the scope of the services required and reflects current acceptable professional practice. This ISP shall include an assessment of level of functioning, treatment goals, and all services and supports needed, whether delivered by a Board, its subcontractors, or other providers.

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- 3) Plan Implementation:** The implementation of the ISP shall be documented and the ISP shall be reviewed within the time periods specified in the applicable Medicaid or Departmental licensing regulations, or for unlicensed services, at least every six months or more often as indicated by the consumer's level of functioning. Discharge planning and discharge from services shall be consistent with the ISP or the program's criteria for discharge.

13. Planning

- a. General Planning:** Boards shall participate in collaborative local and regional service and management information systems planning with state facilities, other Boards, other public and private human services agencies, and the Department, as appropriate. In accordance with § 37.1-197 of the *Code of Virginia*, Boards shall provide input into long-range planning activities that are conducted by the Department, including the Comprehensive State Plan required by § 37.1-48.1 of the *Code of Virginia*. Boards shall report unduplicated community waiting list information to the Department when required for the Comprehensive State Plan update. Boards shall work with local prevention planning bodies composed of representatives of multiple systems and groups to develop community-based prevention plans based on assessed needs and resources and submit annual Community Prevention Plan reports to the Department.
- b. Participation in State Facility Planning Activities:** Boards shall participate in collaborative planning activities with the Department to the greatest extent possible regarding the future role and structure of the state facility system.

14. Interagency Relationships

- a.** Pursuant to the case management requirements of § 37.1-194 of the *Code of Virginia*, Boards shall, to the extent practicable, develop and maintain linkages with other community and state agencies and facilities that are needed to assure that their consumers are able to access the treatment, training, rehabilitative, and habilitative mental health, mental retardation, and substance abuse services and supports identified in their individualized services plans. Boards shall comply with the provisions of § 37.1-197 of the *Code of Virginia* regarding interagency agreements.
- b.** Boards shall also develop and maintain, in conjunction with the courts having jurisdiction in the political subdivisions served by the Boards, cooperative linkages that are needed to carry out the provisions of §§ 37.1-67.01 through 67.6 and related sections of the *Code of Virginia* pertaining to the involuntary admission process.
- c.** Boards shall develop and maintain the necessary linkages, protocols, and interagency agreements to effect the provisions of the Comprehensive Services Act for At-Risk Youth and Families (§§ 2.2-5200 through -5214 of the *Code of Virginia*) and Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and §§ 2.2-5300 through -5308 of the *Code of Virginia* that relate to services that they provide. Pursuant to §§ 2.2-5305 and -5306 of the *Code of Virginia*, a Board shall provide to the Local Interagency Coordinating Council of which it is a member information, which is necessary to satisfy state and federal requirements, about Part C services that it provides directly to Part C-eligible individuals. Nothing in this Document shall be construed as requiring Boards to provide services related to these acts in the absence of sufficient funds and interagency agreements.

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- 15. Providing Information:** Boards shall provide any information requested by the Department that is related to performance of or compliance with the performance contract in a timely manner, considering the type, amount, and availability of the information requested. Such provision of information shall comply with applicable laws and regulations governing the confidentiality of information regarding individuals receiving services from the Boards.
- 16. Forensic Services**
- a. Upon receipt of a court order pursuant to § 19.2-169.2 of the *Code of Virginia*, a Board shall provide services to restore the individual to competency to stand trial. These services shall be provided in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is currently located. These services shall include, but not be limited to, treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services that may be needed by the individual in order to restore him to competency and to prevent his admission to a state psychiatric facility for these services.
 - b. Upon written notification from a Department facility that an individual hospitalized for treatment for restoration to competency pursuant to § 19.2-169.2 of the *Code of Virginia* has been restored to competency and is being discharged back to the community, a Board shall provide services in the local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), or other location in the community where the individual is located to that individual to ensure the maintenance of his psychiatric stability and competency to stand trial. Services shall include, but not be limited to, treatment and restoration services, emergency services, assessment services, the provision of medications and medication management services, and other services which may be needed by the individual in order prevent his readmission to a state psychiatric facility for these services.
 - c. Upon receipt of a court order pursuant to § 16.1-356 of the *Code of Virginia*, a Board shall perform a juvenile competency evaluation. Upon receipt of a court order pursuant to § 16.1-357 of the *Code of Virginia*, a Board shall provide services to restore a juvenile to competency to stand trial through the Department's statewide contract.
 - d. Upon receipt of a court order, a Board shall provide or arrange for the provision of forensic evaluations required by local courts in the community, in accordance with State Mental Health, Mental Retardation and Substance Abuse Services Board Policy 1014 (SYS) 86-20.
 - e. Forensic evaluations and treatment shall be performed on an outpatient basis unless the results of an outpatient evaluation indicate that hospitalization is necessary. A Board shall consult with local courts in placement decisions for hospitalization of forensic consumers based upon evaluation of the individual's clinical condition, need for a secure environment, and other relevant factors. A Board's staff shall conduct an assessment of risk to provide information to the Commissioner for the determination of whether a forensic consumer in need of hospitalization requires placement in a civil facility or a secure facility. A Board's staff will contact and collaborate with the Forensic Coordinator of the state mental health facility that serves the Board in making this determination. A Board's assessment shall include those items required prior to admission to a state mental health facility, as provided in the Continuity of Care Procedures in Appendix A of this Document.

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- f. Each Board shall designate a Forensic Admissions Coordinator, a Forensic Evaluation Coordinator, and an NGRI Coordinator to collaborate with the local courts, the forensic staff of state facilities, and the Department. Each Board shall notify the Department's Director of Forensic Services of the name, title, and contact information of these designees and shall inform the Director of any changes in these designations. Each Board shall ensure that designated staff complete the forensic training necessary to maintain forensic certification.
 - g. Boards shall provide predischarge planning for persons found not guilty by reason of insanity. Pursuant to §§ 19.2-182.2, -182.3, -182.4, -182.5, -182.6, -182.7, and -182.11 of the *Code of Virginia*, a Board shall provide predischarge planning, collaborate with the state facility staff in preparing conditional release plans, implement the court's conditional release orders, and submit written reports to the court on the person's progress and adjustment in the community no less frequently than every six months for acquittees who have been conditionally released to a locality served by the Board. A Board should provide to the Department's Director of Forensic Services written monthly reports on the person's progress and adjustment in the community for acquittees who have been conditionally released to a locality served by the Board and copies of court orders regarding acquittees on conditional release.
 - h. If a forensic consumer does not meet the criteria for admission to a state psychiatric hospital, his psychiatric needs should be addressed in the local jail, prison, detention center, or other correctional facility in collaboration with local treatment providers.
17. **Access to Services for Individuals who are Deaf, Hard of Hearing, Late Deafened, or DeafBlind:** The Board should identify and develop a working relationship with the Regional Deaf Services Program and the Regional Deaf Services Coordinator that serve the Board's service area and collaborate with them on the provision of appropriate, linguistically and culturally competent services, consultation, and referral for individuals who are deaf, hard of hearing, late deafened, or deafblind.
18. **Subcontracting**
- a. **Subcontracts:** The written subcontract must, as applicable and at a minimum, state the activities to be performed, the time schedule and duration, the policies and requirements that are applicable to the subcontractor, the maximum amount of money for which a Board may become obligated, and the manner in which the subcontractor will be compensated, including payment time frames. Subcontracts shall not contain provisions that require a subcontractor to make payments or contributions to a Board as a condition of doing business with the Board. A Board shall not include, assess, or otherwise allocate its own administrative and management expenses in its contracts with subcontractors.
 - b. **Subcontractor Compliance:** A Board shall require that its subcontractors comply with the requirements of all applicable federal and state statutes, regulations, and policies that affect or are applicable to the services included in its performance contract. A Board shall require that any agency, organization, or individual with which it intends to subcontract services included in its performance contract is fully qualified and possesses and maintains current all necessary licenses or certifications from the Department and other applicable regulatory entities before it enters into the subcontract and places consumers in the subcontracted service. A Board shall require all subcontractors that provide services to consumers and are licensed by the Department to maintain

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compliance with the Human Rights Regulations promulgated by the State Board. A Board shall, to the greatest extent practicable, require all other subcontractors that provide services purchased by that Board for consumers and are not licensed by the Department to develop and implement policies and procedures that comply with the Board's human rights policies and procedures or to allow the Board to handle allegations of human rights violations on behalf of the Board's consumers who are receiving services from such subcontractors. When a Board funds providers such as family members, neighbors, consumers, or other individuals to serve consumers, the Board may comply with these requirements on behalf of such providers, if both parties agree.

- c. **Subcontractor Dispute Resolution:** Boards shall include contract dispute resolution procedures in their contracts with subcontractors.
- d. **Quality Improvement Activities:** Boards shall, to the extent practicable, incorporate specific language in their subcontracts regarding their quality improvement activities. Each vendor that subcontracts with a Board should have its own quality improvement system in place or should participate in the Board's quality improvement program.

B. Federal Requirements

- 1. **General Federal Compliance Requirements:** Boards shall comply with all applicable federal statutes, regulations, policies, and other requirements, including the Federal Substance Abuse Prevention and Treatment Block Grant Requirements contained in Appendix C of this Document, and:
 - a. the Federal Immigration Reform and Control Act of 1986;
 - b. applicable provisions of Public Law 105-17, Part C of the Individuals with Disabilities Education Act, if a Board receives federal early intervention (Part C) funds; and
 - c. Confidentiality of Alcohol and Substance Abuse Records, 42 C.F.R. Part 2.

Boards shall prohibit the following acts by themselves, their employees, and agents performing services for them:

- a. the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of alcohol or other drugs; and
 - b. any impairment or incapacitation from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes).
- 2. **Disaster Response and Emergency Service Preparedness Requirements:** Boards agree to comply with section 416 of Public Law 93-288 and §§ 44-146.13 through -146.28 of the *Code of Virginia* regarding disaster response and emergency service preparedness. Section 416 of P.L. 93-288 authorizes the State Office of Emergency Services to require the Department to comply with the *Virginia Emergency Operations Plan, Annex II-F: Crisis Counseling and Emergency Mental Health Services for Victims of Peacetime Disasters*. Annex II-F requires Boards to comply with Department directives coordinating disaster responses to emergencies and to develop procedures for responding to major disasters. These procedures must address:
 - a. conducting preparedness training activities;
 - b. designating staff to provide counseling;
 - c. coordinating with state facilities in preparing Board emergency preparedness plans;
 - d. providing crisis counseling and support to local agencies, including volunteer agencies;

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- e. negotiating disaster response agreements with local governments and state facilities; and
 - f. identifying community resources.
- 3. Federal Certification Regarding Lobbying for the Mental Health and Substance Abuse Prevention and Treatment Block Grants:** Boards certify, to the best of their knowledge and belief, that:
- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the Board, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
 - b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the Board shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - c. The Board shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

C. State and Federal Requirements

- 1. Employment Anti-Discrimination:** Boards certify that they will conform to the applicable provisions of Title VII of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Act of 1974, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Virginia Fair Employment Contracting Act, the Civil Rights Act of 1991, regulations issued by Federal Granting Agencies, and other applicable statutes and regulations, including § 2.2-4310 of the *Code of Virginia*. Boards agree as follows.
- a. Boards will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Board. Boards agree to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

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- b. Boards, in all solicitations or advertisements for employees placed by or on behalf of themselves, will state that they are equal opportunity employers.
- c. Notices, advertisements, and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting these requirements.
- 2. **Service Delivery Anti-Discrimination:** Boards certify that they will conform to the applicable provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, the Virginians With Disabilities Act, the Civil Rights Act of 1991, regulations issued by the U.S. Department of Health and Human Services pursuant thereto, other applicable statutes and regulations, and paragraphs a and b below.
 - a. Services operated or funded by Boards have been and will continue to be operated in such a manner that no person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under such services on the grounds of race, religion, color, national origin, age, gender, or disability.
 - b. Boards and their direct and contractual services will include these assurances in their services policies and practices and will post suitable notices of these assurances at each of their facilities in areas accessible to consumers.
 - c. Boards will periodically review their operating procedures and practices to insure continued conformance with applicable statutes, regulations, and orders related to non-discrimination in service delivery.

IV. Department Requirements

A. State Requirements

- 1. **Human Rights:** The Department shall operate the statewide human rights system described in the current Human Rights Regulations, monitor compliance with the human rights requirements in those regulations, and conduct reviews and investigations referenced in the Regulations. The Department's human rights staff shall be available on a daily basis, including weekends and holidays, to receive reports of allegations of violations of a consumer's human rights.
- 2. **Licensing:** The Department shall license programs and services that meet the requirements of the current Licensing Regulations and conduct licensing reviews in accordance with the provisions of those regulations. The Department shall respond in a timely manner to issues raised by a Board regarding its efforts to coordinate and monitor services provided by independent licensed providers.
- 3. **Policies and Procedures:** The Department shall revise, update, and provide to Boards copies of the uniform cost report, financial management, procurement, and reimbursement manuals cited in sections III.A.6, 7, and 8 of this Document. The Department shall provide or otherwise make available to Boards copies of relevant regulations and policies promulgated by the State Mental Health, Mental Retardation and Substance Abuse Services Board.
- 4. **Reviews:** The Department shall review and take appropriate action on audits submitted by a Board in accordance with the provisions of this Document. The Department may conduct procurement, financial management, reimbursement, and human resource management reviews of a Board's operations, in accordance with provisions in section III of this Document.

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5. **Planning:** The Department shall conduct long-range planning activities related to state facility and community services, including the preparation and dissemination of the Comprehensive State Plan required by § 37.1-48.1 of the *Code of Virginia*.
6. **Information Technology:** The Department shall operate and provide technical assistance and support, to the extent practicable, to Boards about the CARS-ACCESS information system and the Community Consumer Submission (CCS) software referenced in the performance contract. The Department shall operate the FIMS and the Performance-Based Prevention System referenced in the performance contract. The Department shall develop and implement communication, compatibility, and network protocols in accordance with the provisions in section III of this Document. Pursuant to § 37.1-197 of the *Code of Virginia*, the Department shall implement procedures to protect the confidentiality of data accessed in accordance with the performance contract and this Document. The Department shall ensure that any software application that it issues to Boards for reporting purposes associated with the performance contract has been field tested by a reasonable number of Boards to assure compatibility and functionality with the major IT systems used by Boards, is operational, and is provided to Boards sufficiently in advance of reporting deadlines to allow Boards to install and run the software application.
7. **Providing Information:** The Department shall provide any information requested by Boards that is related to performance of or compliance with the performance contract in a timely manner, considering the type, amount, and availability of the information requested.

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Appendix A: Continuity of Care Procedures

Overarching Responsibility: Section 37.1-197.1 of the *Code of Virginia* states that community services boards (CSBs) are the single point of entry into the publicly funded mental health, mental retardation, and substance abuse services system. Related to this principle, it is the responsibility of Boards to assure that their consumers receive:

- preadmission screening that confirms the appropriateness of admission to a state facility (psychiatric hospital or institute or mental retardation training center) and
- predischARGE planning services, beginning at the time of admission to the state facility, that enable timely discharge from the facility and appropriate post-discharge community-based services.

Throughout this Document, the term community services boards (CSBs) is used to refer to operating CSBs, administrative policy CSBs, local government departments with policy-advisory CSBs, and behavioral health authorities.

These procedures must be read and implemented in conjunction with the current *Discharge Planning Protocols* issued by the Department and incorporated by reference as part of this Document. Applicable provisions in the protocols have replaced most treatment team, discharge, and post-discharge activities that were in the procedures; however a few remain in the procedures. In the event of a conflict between any Continuity of Care Procedures and the *Discharge Planning Protocols*, the provisions in the protocols shall apply.

I. State Facility Admission Criteria

A. State Psychiatric Hospitals and Institutes

1. An individual must meet the following criteria for admission to a state psychiatric hospital or institute.
 - a. **Adults:** Due to a **mental illness**, the individual meets one or more of the criteria listed in section A and the criterion in section B:

Section A:

- 1.) presents an imminent danger of self-harm¹; or
- 2.) presents an imminent risk of harming others¹; or
- 3.) is substantially unable to care for himself¹ (a condition that may be manifested by the following: evidences a persistent inability or refusal to care for personal basic needs in a manner that is appropriate to his or her age or physical capacities and significantly threatens personal health and safety); or

¹ Criteria for involuntary admission to a state mental health facility pursuant to § 37.1-67.3 et seq. of the *Code of Virginia*.

- 4.) has a condition that requires intensive monitoring of newly prescribed drugs with a high rate of complications or adverse reactions; or
- 5.) has a condition that requires intensive monitoring and intervention for toxic effects from therapeutic psychotropic medication and short term community stabilization is not deemed to be appropriate and

Section B:

- 6.) alternatives to admission have been investigated and there is no less restrictive alternative to admission (§37.1-67.3 of the *Code of Virginia*).

- b. **Children and Adolescents:** Due to a **mental illness**, the child or adolescent meets one or more of the criteria in section A and both criteria in section B:

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Section A:

- 1.) presents a serious danger to self or others such that severe or irremediable injury is likely to result, as evidenced by recent acts or threats²; or
- 2.) is experiencing a serious deterioration of his ability to care for himself in a developmentally age-appropriate manner, as evidenced by delusional thinking or significant impairment of functioning in hydration, nutrition, self-protection, or self control²; or

² Criteria for parental or involuntary admission to a state mental health facility.

- 3.) requires monitoring of newly prescribed drugs with a high rate of complications or adverse reactions or monitoring for toxic effects from therapeutic psychotropic medication and

Section B:

- 4.) is in need of inpatient treatment for a mental illness and is likely to benefit from the proposed treatment; and
- 5.) all treatment modalities have been reviewed and inpatient treatment at a state facility is the least restrictive alternative that meets the minor's needs (§16.1-338, -339, and -344 of the *Code of Virginia*).

The determination of least restrictive alternative should be a joint decision of the case management CSB and the receiving state facility, with input from the consumer and family members. The CSB must document specific community alternatives considered or attempted and the specific reasons why state facility placement is the least restrictive setting for the individual at this time.

2. Admission to state psychiatric hospitals and institutes **is not appropriate** for:
 - a. individuals who have behaviors that are due to medical disorders, neurological disorders (including head injury), or mental retardation and who do not have a qualifying psychiatric diagnosis or serious emotional disturbance;
 - b. individuals with unstable medical conditions that require detoxification services or other extensive medical services;
 - c. individuals with a diagnosis of dementia, as defined in the Diagnostic and Statistical Manual, unless they also have significant behavioral problems, as determined by qualified state facility staff;
 - d. individuals with primary diagnoses of adjustment disorder, anti-social personality disorder, or conduct disorder; and
 - e. individuals with a primary diagnosis of substance abuse.
3. In most cases, individuals with severe or profound levels of mental retardation are not appropriate for admission to a state psychiatric hospital or institute. However, individuals with a mental illness who are also diagnosed with mild or moderate mental retardation but are exhibiting signs of acute mental illness may be admitted to a state psychiatric hospital or institute if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services. Once these psychiatric symptoms subside, the person must be reassessed according to AAMR criteria and must be discharged to an appropriate setting.
4. Individuals with a mental illness who are also diagnosed with a co-occurring substance abuse or addiction disorder may be admitted to a state psychiatric hospital or institute if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services.
5. For a forensic admission to a state psychiatric hospital, an individual must meet the criteria for admission to a state mental health facility.

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B. State Training Centers

1. Admission to a state training center for a person with mental retardation will occur only when **all** of the following circumstances exist.
 - a. The state training center is the least restrictive and most appropriate available placement to meet the individual's treatment and training needs.
 - b. Programs in the community cannot provide the necessary adequate supports and services required by an individual as determined by the CSB prescription team, pursuant to §37.1-197.1 of the *Code of Virginia*.
 - c. It has been documented in the person's plan of care that the individual and his or her parents or guardian have selected ICF/MR services after being offered a choice between ICF/MR and community MR waiver services and that they agree with placement at a state training center.
 - d. The state facility director approves the admission to the training center, with the decision of the director being in compliance with State Board rules and regulations establishing the procedure and standards for issuance of such approval, pursuant to §37.1-65.1 of the *Code of Virginia*.
 - e. Documentation is present that the individual meets the definition of mental retardation and level 6 or 7 of the ICF/MR Level of Care.
 - f. The individual demonstrates a need for extensive or pervasive supports and training to perform activities of daily living (ICF/MR Level of Care 6 or 7).
 - g. The individual demonstrates one or more of the following conditions:
 - exhibits challenging behaviors (e.g., behavior patterns that may be manifested in self-injurious behavior, aggression toward others, or behaviors that pose public safety risks),
 - does not have a mental health diagnosis without also having a mental retardation diagnosis, or
 - is medically fragile (e.g., has a chronic medical condition or requires specialized technological health care procedures or ongoing support to prevent adverse physical consequences).
2. After the training center director approves the admission, the CSB shall initiate the judicial certification process, pursuant to §37.1-65.1 of the *Code of Virginia*.
3. Admission to a state training center is **not appropriate** for obtaining:
 - a. extensive medical services required to treat an unstable medical condition,
 - b. evaluation and program development services, or
 - c. treatment of medical or behavioral problems that can be addressed in the community system of care.
4. Special Circumstances for Short-Term Admissions
 - a. Requests for respite care admissions to state training centers must meet the criteria for admission to a training center and the regulations issued by the State Board. The admission must be based on the need for a temporary placement and will not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in §37.1-65.2 of the *Code of Virginia*.
 - b. Emergency admissions to state training centers must meet the criteria for admission to a training center and must:
 - be based on specific, current circumstances that threaten the individual's health or safety (e.g., unexpected absence or loss of the person's caretaker),
 - require that alternate care arrangements be made immediately to protect the individual, and

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- not exceed statutory time limits (21 consecutive days or a maximum of 75 days in a calendar year) set forth in §37.1-65.2 of the *Code of Virginia*.
- c. No person shall be admitted to a state training center for a respite admission or an emergency admission unless the CSB responsible for the person's care, normally the case management CSB, has agreed in writing to begin serving the person on the day he is discharged from the training center, if that is less than 21 days after his admission, or no later than 21 days after his admission.

II. Prescreening Services and Assessments Required Prior to State Facility Admission

A. CSB Prescreening Requirements

1. CSBs will perform prescreening assessments on all individuals for whom admission, or recommitment if the person is already a patient, to a state facility is sought. A qualified CSB employee or designee shall conduct a comprehensive face-to-face evaluation of each individual who is being prescreened for admission to a state facility. All CSB prescreeners for admission to state mental health facilities will meet the qualifications for prescreeners as required in § 37.1-67.1 of the *Code of Virginia*.
2. CSBs should ensure that employees or designees who perform prescreening to a state mental health facility have expertise in the diagnosis and treatment of mental illnesses and consult, as appropriate, with professionals who have expertise in working with and evaluating persons with mental retardation or substance dependence or addiction or children and adolescents with serious emotional disturbance.
3. CSBs should ensure that employees or designees who perform prescreening to a state training center have expertise in the diagnosis and treatment of mental retardation and consult, as appropriate, with professionals who have expertise in working with and evaluating individuals with mental illness or substance dependence or addiction.
4. Results of the CSB's comprehensive face-to-face evaluation of each individual who is being prescreened for admission to a state facility should be forwarded to the receiving state facility for its review before the person's arrival at the facility. This evaluation should include the CSB assessments listed in the following section.
5. When an individual who has not been prescreened by a CSB arrives at a state facility, he should be prescreened in accordance with procedures negotiated by the state facility and the CSBs that it serves. State facility staff will not perform prescreening assessments.
6. Prescreening CSBs must notify the state mental health facility immediately in cases in which the CSB prescriber did not recommend admission but the individual has been judicially admitted to the facility.
7. Prescreening assessments for the recommitment of any patient in a state facility shall be conducted by the case management CSB or its designee.

B. Assessments Required Prior to Admission to a State Mental Health Facility

1. A substance abuse screening, including completion of :
 - a. comprehensive drug screen including blood alcohol concentration (BAC), with the consumer's consent, and
 - b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.
2. To the extent practicable, a medical assessment performed by an available medical professional (i.e., M.D. or nurse practitioner) at, for example, the CSB or an emergency

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room. Elements of a medical assessment include a physical examination and a medical screening of:

- a. known medical diseases or other disabilities;
 - b. previous psychiatric and medical hospitalizations;
 - c. medications;
 - d. current use of alcohol and illicit drugs, using blood alcohol concentrations and the results of the comprehensive drug screen; and
 - e. physical symptoms that may suggest a medical problem.
3. An assessment of the individual's mental status, including the presence of a mental illness and a differential diagnosis of mental retardation, that includes:
- a. a completed DMHMRSAS MH Preadmission Screening form, forwarded to the receiving state mental health facility before the individual's arrival;
 - b. a face-to-face interview, including arrangements for translation or interpreter services for individuals;
 - c. clinical assessment information, as available, including documentation of:
 - a mental status examination,
 - current psychotropic and other medications, including dosing requirements,
 - medical and psychiatric history,
 - substance use, dependence, or abuse,
 - information and recommendations of other current service providers (e.g., treating physicians) and appropriate significant persons (e.g., spouse, parents), and
 - ability to care for self;
 - d. a risk assessment, including:
 - evaluation of dangerousness to self or others and
 - initiation of duty to take precautions to protect third parties in accordance with §54.1-2400.1 of the *Code of Virginia*, as appropriate;
 - e. a medical screening (see medical assessment section);
 - f. an assessment of capacity to consent to treatment, including an evaluation of such processes as the ability to:
 - maintain and communicate choice,
 - understand relevant information, and
 - understand the situation and its consequences; and
 - g. an assessment of alternatives to admission and determination that state facility placement is the least restrictive intervention, with appropriate documentation.
4. If there is reason to suspect the presence of mental retardation, to the extent practicable, a psychological evaluation that reflects the person's current level of functioning based on the current AAMR criteria must be performed if a recent psychological evaluation is not already available to the prescreener.
5. When a state mental health facility accepts a direct admission, the Medical Officer on Duty should be contacted prior to admission to determine which of these assessments are needed.

C. CSB Assessments Required Prior to Admission to a State Mental Retardation Training Center

1. When indicated (e.g., current or past substance dependence or addiction), a substance abuse screening, including completion of:

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- a. a comprehensive drug screen including blood alcohol concentration (BAC), with the consumer's consent, and
 - b. the Substance Abuse Subtle Screening Inventory (SASSI) or Simple Screening Instrument (SSI) for adults or the adolescent version of SASSI for adolescents age 12 and older. The SASSI will not be required for youth under age 12.
2. When indicated, an assessment of the individual's mental status to determine the presence of a co-occurring mental illness. This mental status assessment should include:
 - a. a face-to-face interview, including arrangements for translation or interpreter services for individuals;
 - b. clinical assessment information, as available, including documentation of the following:
 - a mental status examination,
 - current psychotropic and other medications, including dosing requirements,
 - medical and psychiatric history,
 - substance use or abuse,
 - information and recommendations of other current service providers (e.g., treating physicians) and appropriate significant persons (e.g., spouse, parents), and
 - ability to care for self;
 - c. a risk assessment, including:
 - evaluation of dangerousness to self or others and
 - initiation of duty to take precautions to protect third parties in accordance with §54.1-2400.1 of the *Code of Virginia*, as appropriate; and
 - d. assessment of capacity to consent to treatment, including an evaluation of such processes as the ability to:
 - maintain and communicate choice,
 - understand relevant information, and
 - understand the situation and its consequences.
3. A completed application package, which includes the following for a certified admission:
 - a. a completed DMHMRSAS MR Preadmission Screening form forwarded to the receiving training center before the individual's arrival;
 - b. an ICF/MR Level of Care Assessment;
 - c. an MR Social History form;
 - d. a Medical History form and a Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, indicating that the individual is free of communicable diseases;
 - e. a psychological evaluation that reflects the person's current level of functioning based on the current AAMR criteria;
 - f. release of information forms for pertinent consumer information to be transferred between the CSB and the training center;
 - g. a plan for discharge, including tentative date-of-discharge, appropriate services and supports, and the name of the CSB case manager; and
 - h. an assessment of alternatives to admission and a determination, with appropriate documentation, that state facility placement is the least restrictive intervention.
4. For emergency admissions to a state training center, information requirements for the admission package are limited, but must include:
 - a. a completed DMHMRSAS MR Preadmission Screening form;

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- b. an MR Social History form;
- c. a Medical History form and Current Medical Information form, which contains a statement, signed by a physician within 30 days prior to the date of the admission application, as to whether the individual is free of communicable diseases; and
- d. a psychological evaluation, with level of mental retardation based on the AAMR criteria, that reflects the person's current level of functioning and ICF/MR level of care.

D. CSB Disposition of Individuals with Acute or Unstable Medical Conditions

1. Individuals who are experiencing acute or unstable medical conditions will not receive medical clearance for admission to a state mental health facility or mental retardation training center. Examples of these conditions include, but are not limited to: untreated acute medical conditions requiring surgery or other immediate treatment, acute pneumonia, respiratory distress, acute renal failure or chronic renal failure requiring dialysis, unstable diabetes, symptoms of alcohol or drug toxicity, and erratic consciousness of unknown origin.
2. CSBs should have procedures in place to divert individuals with acute medical conditions who do not meet facility admission criteria to appropriate medical facilities. Individuals whose medical assessments indicate the presence of an acute or unstable medical condition must be referred by the CSB for immediate treatment in an appropriate medical facility.

E. Procedures for Dealing with Inappropriate Judicial Admissions to State Facilities

1. The individual's case management CSB shall immediately formulate and implement a predischarge plan, as required by §37.1-197.1 of the *Code of Virginia*, if a state mental health facility determines that an individual who has been judicially admitted to the facility is inappropriate for admission (e.g., the person does not meet the admission criteria listed in these procedures).
2. CSBs will be notified of the numbers of their admissions that state facilities have determined do not meet the admission criteria in these procedures. State facilities will report this information to the Department and the affected CSBs at least quarterly in a format prescribed by the Department. This information will be discussed during the bi-monthly utilization review and utilization management process developed and implemented by CSBs and state facilities, which is described in the next section. This will include inappropriate jail transfers for evaluation and treatment.

III. CSB Participation on Interdisciplinary Treatment Teams and Coordination with State Facility in Service Planning

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to participation in treatment planning while the consumer is in the state facility.

- A. Staff of the case management CSBs shall participate in recommitment hearings at state mental health facilities by attending the hearings or participating in teleconferences or video conferences. State facility staff will not represent CSBs at recommitment hearings.
- B. CSBs and state facilities shall develop and implement a bi-monthly utilization review and utilization management process to discuss and address issues related to the CSB's utilization of state facility services. This includes reviewing the status and lengths of stay of the CSB's patients or residents and developing and implementing actions to address census management issues.

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IV. CSB Predischarge Planning Responsibilities

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to predischarge planning responsibilities.

- A. State facilities shall provide or arrange transportation, to the extent practicable, for patients or residents for discharge-related activities. Transportation includes patient or resident travel from state facilities to community settings for trial visits and back to state facilities after such visits. The case management CSB shall provide or arrange transportation, to the extent practicable, for an individual whose admission to a state facility has been determined to be inappropriate, resulting in the person's discharge in accordance with §§37.1-98 and -197.1 or -248 or §16.1-346(B) of the *Code of Virginia*, and shall provide or arrange transportation for patients or residents when they are discharged from state facilities.

V. Discharge Criteria and Resolution of Disagreements about a Patient's or Resident's Readiness for Discharge

- A. Each state facility and the CSBs that it serves will use the following discharge criteria.

1. State Psychiatric Facilities

- a. **Adults:** An adult will be discharged from a state psychiatric facility when hospitalization is no longer clinically appropriate. All of the following criteria will be used by the interdisciplinary treatment team to determine an individual's readiness for discharge:
 - 1.) the individual presents no persistent danger to self or others, and
 - 2.) the individual is able to care for himself at an age-appropriate and disability-appropriate level with or without community-based supports; and, in addition,
 - 3.) inpatient treatment goals, as documented in the person's individualized treatment plan, have been addressed sufficiently, and
 - 4.) the individual is free from serious adverse reactions to or complications from medications and is medically stable.
- b. **Children and Adolescents:** A child or an adolescent will be discharged from a state psychiatric facility when he no longer meets the criteria for inpatient care. The following criteria will be used by the interdisciplinary treatment team to determine an individual's readiness for discharge:
 - 1.) the minor no longer presents a serious danger to self or others, and
 - 2.) the minor is able to care for himself in a developmentally appropriate manner; and, in addition,
 - 3.) the minor, if he is on psychotropic medication, is free from serious adverse effects or complications from the medications and is medically stable;OR when any of the following apply:
 - 4.) the minor is unlikely to benefit from further acute inpatient psychiatric treatment; or
 - 5.) the minor has stabilized to the extent that inpatient psychiatric treatment in a state hospital is no longer the least restrictive treatment intervention; or
 - 6.) if the minor is a voluntary admission, the legal guardian or the minor, if he is age 14 or older, has withdrawn consent to admission (§ 16.1-338.D of the *Code of Virginia*), unless continued hospitalization is authorized under §§ 16.1-339, -340, or -345 of the *Code of Virginia* within 48 hours of the withdrawal of consent to admission.

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2. **State Training Centers:** An individual will be discharged from a state training center when institutional care is no longer clinically appropriate. The following clinical criteria will be used by the interdisciplinary treatment team to determine an individual's readiness for discharge:
 - a. the individual no longer needs the level of behavioral training or medical treatment provided by the training center;
 - b. the individual's unique psychosocial and medical needs can be met by an appropriate community provider;
 - c. training and treatment goals, as documented in the person's Individual Habilitation Plan (IHP), have been addressed; and
 - d. the individual is free from serious adverse medication reactions and medical complications and is medically stable.
- B. The state facility shall provide assessment information that is equivalent to the information specified in sections II.B. and II.C. (except for items B.3.a. and g. and C.3.a. and h.) of these procedures to the CSB when a consumer is being considered for discharge to the community.
- C. The CSB shall be notified when the state facility interdisciplinary treatment team determines that an individual admitted to a state facility does not meet the admission criteria in these procedures and needs to be discharged in accordance with §§37.1-98 and -197.1 or -248 of the *Code of Virginia*.
- D. A disagreement as to whether a consumer is ready for discharge from a state facility is solely a clinically-based disagreement between the state facility treatment team and the CSB that is responsible for the individual's care in the community. A dispute may occur when either:
 1. the treatment team determines that the individual is clinically ready for discharge and the CSB disagrees; or
 2. the CSB determines that an individual is clinically ready for discharge and the treatment team disagrees.

VI. CSB Post-discharge Services

Refer to the current *Discharge Planning Protocols*, issued by the Department and incorporated by reference as part of this Document, for other CSB requirements related to post-discharge services responsibilities.

- A. Individuals discharged from a state training center who have missed their first appointment with a CSB case manager or in a day support program shall be contacted by the case management CSB within 14 calendar days.
- B. To reduce readmissions to state training centers, CSBs shall, to the extent practicable, establish an MR crisis stabilization/behavior management capability to work with individuals who have been discharged from a state training center who are having difficulty adjusting to their new environments.

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Appendix B: Discharge Assistance Project Procedures

1. Purpose

The purpose of the Discharge Assistance Project (DAP) is to obtain and provide community resources to support the successful discharge and placement of state hospital patients receiving long-term, extended rehabilitation services or other state hospital patients whose special needs have prevented placement in the community and for whom specialized supports and targeted funding are needed for successful community placement. If a Board receives state general or federal funds from the Department specifically identified for the DAP, the Board shall adhere to these procedures, which are subject to all of the applicable provisions of this Document and the Board's performance contract with the Department. In the event of a conflict between any DAP Procedures and any other provisions of this Document or the performance contract, those other provisions of this Document or of the contract shall apply.

2. Development and Approval of Individualized Services Plans (ISPs): Under the DAP, the Board agrees to develop and implement ISPs to serve identified consumers in the community by providing the services and supports necessary for their successful community placement.

2.1 The Board shall use state general and federal funds provided by the Department and other funds associated with DAP ISPs obtained by the Board, such as Medicaid-fee-for-service payments, State Plan Option fees, and MR Waiver fees, other third party and direct consumer fees, and local government funds, solely for the discharge and community support of those consumers for whom the funds were requested and whose ISPs have been submitted to the Department.

2.1.1 Prior to the start of each state fiscal year, the Department will send a Letter of Notification to the Board with an enclosure that shows the tentative allocations of state general and federal funds for the DAP, based on the current ISPs for the consumers currently enrolled in the DAP.

2.1.2 After receipt, the Board shall review its Letter of Notification, current ISPs, DAP utilization reports, feedback from the Department, performance contract reports, and other relevant data. Based on this review, the Board shall develop or revise ISPs for the contract period and submit them to the Department for information purposes.

2.1.3 The total DAP expenses for all of the ISPs submitted pursuant to 2.1.2, less other funds associated with DAP ISPs (described in section 2.1), shall not exceed the amount of state general and federal funds allocated to the Board for the DAP. If the total DAP expenses are less than the Board's total DAP allocation, a representative of the Department's Office of Mental Health Services will contact the Board regarding unallocated DAP funds. If the Board is not able to develop one or more ISPs to utilize these funds for consumers who meet the DAP criteria, the Department may re-allocate these available DAP funds according to procedures in section 3, and the Board's ongoing total annual DAP allocation shall be reduced accordingly. In the event that a Board's DAP allocation is reduced, the Department shall provide a written notification of the change in DAP funding to the affected Board. This notification shall identify the revised annualized amount allocated to the Board for this project, the effective date of the change, and the individual consumers to be served for the remainder of the state fiscal year.

2.1.4 Upon review of the ISPs submitted pursuant to section 2.1.2, the Department shall provide a written Confirmation of DAP Funding to the Board. The Confirmation of DAP Funding, effective on the first day of the term of this contract, shall identify the total amount allocated to the Board for DAP, the particular consumers to be served, and the annualized expenses of each consumer's ISP.

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- 2.1.5 Following review of the ISPs pursuant to section 2.1.2, the Board may adjust services and associated expenses at any time during the state fiscal year without approval from the Department, as long as the adjusted DAP expenses of all DAP consumers served by the Board do not exceed the Board's total DAP state general and federal funds allocation and the funding is used for enrolled DAP consumers whose ISPs have been submitted to the Department. The Department may review utilization and financial reports to determine the extent to which such funds transfers are occurring and may subsequently require revisions of ISPs or adjustment to or re-allocation of state general and federal funding amounts. Revisions resulting from discharges from DAP shall follow the re-allocation procedures described in section 3.
- 2.1.6 If the Board wishes to enroll new consumers in the DAP, it shall submit ISPs to the Department for information purposes. The Board shall include a copy of the *Needs Upon Discharge* form and the *Discharge Plan* with each new ISP submitted. The Board may submit ISPs to enroll new consumers at any time, provided that such requests are within the Board's total annual DAP allocation of state general and federal funds and the new consumers meet DAP criteria.
- 2.1.7 Upon review of new ISPs submitted pursuant to sections 2.1.5 or 2.1.6, the Department shall provide a written Confirmation of the DAP Revision (sample attached) to the Board. The Confirmation of DAP Revision shall identify the amount allocated to the Board for DAP, the effective date of the revision, the individual consumers to be served for the remainder of the contract term, and the annualized cost of each consumer's ISP.
- 2.2 The Board shall immediately notify the Department's Office of Mental Health Services whenever an enrolled consumer is re-hospitalized at a state facility, incarcerated, or otherwise no longer requires DAP funding. Funds that become available as a result of such changes in consumer status shall follow the re-allocation procedures described in section 3 of these procedures.
3. **Re-Allocation of DAP Funds**
- 3.1 The Board shall immediately notify the Department's Office of Mental Health Services whenever an enrolled consumer is discharged from the project, that is he no longer requires DAP funding. Consumers may be discharged from DAP for a number of reasons, including but not limited to relocation to another state, alternative funding sources, re-hospitalization, incarceration, death, or other situations that would make DAP funding unnecessary.
- 3.1.1 In cases where an enrolled consumer is re-hospitalized at a state facility or incarcerated, but is likely to return to the community within 90 days, the Board may continue to receive the funds allocated for that consumer during this period. The Board may continue to receive DAP funds for longer than 90 days for such a consumer only with the Department's approval.
- 3.1.2 In cases where a state hospital patient has been enrolled in DAP but actual discharge from the state facility occurs more than 90 days after the date of enrollment, the procedures in section 3.1.1 shall apply.
- 3.1.3 DAP funds received for enrolled consumers during periods of hospitalization or incarceration, up to 90 days or longer pursuant to sections 3.1.1 and 3.1.2, may be utilized in the following ways.
- 3.1.3.1 The Board may use all or a portion of the funds to maintain housing and provide transitional services for the consumer prior to his discharge. Discharge planning expenses are not allowable.

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- 3.1.3.2 The Board may use all or a portion of the funds for non-recurring (one-time) treatment or support expenses for existing DAP enrollees that were not budgeted in their ISPs or reimbursed from other sources. These include expenses associated with medications, mental health or substance abuse treatment (excluding inpatient treatment), health and dental care or medically-necessary diagnostic tests, one-time purchases of goods needed for community living, and security deposits on housing arrangements.
 - 3.1.3.3 The Board may submit a request to the Department to use all or a portion of the funds for other (non-DAP) state hospital patients whose special needs have prevented placement in the community and for whom specialized supports and targeted funding are needed for successful community placement. If the Department approves the request, the Board may use the funds for non-recurring (one-time) purchases to provide discharge assistance for non-DAP consumers in state psychiatric hospitals. These purchases may include transitional services provided prior to discharge (excluding discharge planning expenses), medications, health and dental care, medically necessary diagnostic tests, goods needed for community living, and security deposits on housing arrangements.
 - 3.1.4 DAP consumers hospitalized at a state facility or incarcerated for more than 90 days shall be considered discharged from the project, unless the Board obtained Departmental approval to continue funding beyond 90 days, and DAP state general and federal funds allocated for their ISPs shall be re-allocated according to the procedures in section 3.2.
 - 3.2 The Department may re-allocate state general and federal funds for the DAP that become available as a result of discharges from the DAP in the following ways.
 - 3.2.1 The Department may re-allocate the funds to support the discharge of another state hospital consumer who meets DAP criteria. The Board serving the identified consumer shall submit an ISP to the Department for information purposes within 30 days of notification that funds are available.
 - 3.2.2 If the Department does not utilize the funds, the Board serving the consumer who was discharged from the DAP shall have the opportunity to develop a discharge plan for another state hospital consumer who meets DAP criteria or to re-allocate funds to existing DAP consumers in need of additional supports, as evidenced by utilization reports. New or revised ISPs shall be submitted to the Department for review within 30 days of notification that funds are available.
 - 3.2.3 If the Board does not identify an appropriate DAP consumer and submit an ISP within 30 days, the state facility serving that Board's service area may determine whether those state general and federal DAP funds could be used to support the discharge of another consumer in that area who meets DAP criteria. The Board serving such an identified consumers shall submit an ISP to the Department for review within 30 days of notification that funds are available.
 - 3.3 Upon review of ISPs developed using re-allocated funds, the Department shall provide a written notification of changes in DAP funding to the Boards affected by the re-allocation of funds. This notification shall identify the revised amount of state general and federal DAP funds allocated to each Board, the effective date of the change, and the individual consumers to be served for the remainder of the contract term.
- 4. Reporting**
- 4.1 The Board shall provide aggregate semi-annual reports on the number of consumers served, the total expenditures for all DAP ISPs, and the total amount of DAP restricted

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revenues expended as part of the performance contract reports. Boards shall not be required to submit more frequent reports or reports on individual consumers.

5. Project Management

- 5.1 The Department shall be responsible for the allocation of DAP state general and federal funds and the overall management of the Discharge Assistance Project.
- 5.2 The Board shall be responsible for managing DAP funds in accordance with the reviewed ISPs and the procedures described herein.
- 5.3 The Department shall allocate state general and federal DAP funds provided to support ISPs on a state fiscal year basis.
- 5.4 Within the Board's overall DAP budget, funds may be expended for any combination of services that assure the needs of participating consumers are met in a community setting. The Board shall update and revise ISPs in response to the changing needs of participating consumers.
- 5.5 Revenues generated from third party and other sources for any DAP participating consumer shall remain in the Board's overall DAP budget to offset the costs of care for those consumers. The Board shall collect and utilize all available revenues from other appropriate sources to pay for DAP ISPs before using state general and federal funds to pay for those ISPs to ensure the most effective use of these state general and federal funds. These other sources include Medicare; Medicaid-fee-for service, State Plan Option, and MR Waiver payments; other third party payors; auxiliary grants; SSI, SSDI, and direct payments by consumers; payments or contributions of other resources from other agencies, such as social services or health departments; and other state, local or Department funding sources.
- 5.6 The Department may conduct on-going utilization review of ISPs and analyze utilization and financial information and consumer-related events, such as re-hospitalization, to ensure the continued appropriateness of services and to monitor compliance with ISPs. The utilization review process may result in revisions of ISPs or adjustment to or re-allocation of state general and federal funding DAP allocations.

6. **Compensation and Payment:** The Department shall disburse semi-monthly payments of state general and federal funds to the Board that are based on the ISPs reviewed pursuant to section 2.1.2 plus the projected cost of any ISPs subsequently approved by the Department.

7. Special Conditions

- 7.1 The first priority of the DAP shall be to discharge and support in a community setting state mental health facility consumers identified in section 1 whose case management Board is an interested and willing participant in the DAP.
- 7.2 The Board's staff, in conjunction with the consumer's state facility treatment team and the consumer or his legally authorized representative, shall identify individualized placements in the community in accordance with the *Procedures for Continuity of Care Between Community Services Boards and State Mental Health Facilities*, Continuity of Care Procedures, the *Discharge Planning Protocols*, and the consumer's ISP.
- 7.3 Services may be regionalized when possible and where there is a demonstrated cost effectiveness (e.g., long-term assisted living facilities).
- 7.4 Any medications supplied through the State Pharmacy, including atypical anti-psychotic medications, shall continue, if appropriate, and shall not be funded as part of a consumer's DAP ISP. Other medications that are not available through the State Pharmacy may be purchased with DAP funds and shall be accounted for accordingly.

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- 7.5 In the event that a consumer identified as a participant in the Discharge Assistance Project chooses to relocate to another Board, the Department shall reallocate state general and federal DAP funds to that Board to support that consumer's ISP. These funds will be reallocated as a project fund transfer at the approved funding level in that consumer's ISP. Should funds other than state general and federal funds provided through the DAP be required to support the individual in the changed setting, it is the responsibility of the new Board to provide or obtain those funds.
- 7.6 A particular consumer who is placed outside of the service area of his case management Board may have specific conditions associated with his ISP that do not conform with the provisions in section 7.5. For such a consumer, the Board agrees that, as the consumer's case management Board, it will remain responsible for his out-of-service area placement. If re-hospitalization is required, the consumer will return to the state facility of origin or the case management Board's primary state mental health facility.

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Discharge Assistance Project Procedures ISP Definitions

Projected Units/Month: The number of units of a particular type of service that are required during a month's time.

Type of Unit: Units are defined in the Core Services Taxonomy 6.

Unit Cost: The cost of providing a specific service. For services that are Medicaid reimbursable (either Clinic or State Plan Option) enter the reimbursed cost. For other services, enter the Board's current actual unit cost, based on its performance contract and reports.

Months Needed: Number of months during the contract term that the service will be required.

Annual Cost: Projected units x unit cost x months needed

Local Match: Additional local match available for services.

Other State Funds: As above

Medicaid Revenue: Reimbursement rate paid by the DMAS.

Other Revenue: Federal funds, Medicare fees, direct payments by consumers, SSI or other income supplements, other private payments, and any other revenues.

Net State Project Funds: The annual cost of each specific service less local match, other state funds, Medicaid revenue, and other revenue. This determines the amount of state general funds required.

Other Service (specify): Attach brief descriptive narrative.

In addition to the completed ISP form, please include a brief social history/narrative that describes the following:

- ! the consumer's readiness and appropriateness for discharge from the state facility;
- ! the consumer's length of stay and relevant admissions history;
- ! the proposed services design, i.e. a narrative elaboration of services listed in the ISP;
- ! the fiscal circumstances of the consumer, e.g., income, resources, third-party insurers, Medicaid/Medicare eligibility; and
- ! the projected date of discharge and the state facility treatment team's agreement to the submitted plan and date of discharge.

Other (start-up): Attach detailed budget and brief descriptive narrative.

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Appendix C: Federal Substance Abuse Prevention and Treatment Block Grant Requirements

Certification Regarding Environmental Tobacco Smoke Substance Abuse Prevention and Treatment (SAPT) Block Grant and Community Mental Health Services Block Grant

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; Boards whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing a performance contract, a Board certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services to children as defined by the Act.

A Board agrees that it will require that the language of this certification be included in any subawards that contain provisions for children's services and that all subrecipients shall certify accordingly.

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Appendix C: Federal Substance Abuse Prevention and Treatment Block Grant Requirements - Special Federal Substance Abuse Prevention and Treatment Block Grant Compliance Requirements

Treatment services provided with federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds must satisfy federally mandated requirements. SAPT funds must be treated as the payer of last resort only for providing services to pregnant women and women with dependent children and TB and HIV services [Source: 45 CFR § 96.137]. Relevant requirements of the Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule (45 CFR Part 96) are summarized below. As subgrantees of the Department, the Board and its subcontractors under this performance contract are responsible for compliance with these requirements. Failure to address these requirements may jeopardize all SAPT block grant funds awarded to the Board.

1. **Meet Set-Aside Requirements:** Federal law requires that the state expend its allocation to address established minimum set-asides. In order to address these set-asides, the Department shall designate its awards to the Board in specified categories, which may include, but not be limited to:
 - a. primary prevention,
 - b. services to pregnant women and women with dependent children, and
 - c. services for persons at risk of HIV/AIDS.

The Board must utilize these funds for the purposes for which they are indicated in the performance contract and the letter of notification. The Board must provide documentation in the 2nd and 4th quarter reports of expenditures of the set-asides to the Office of Substance Abuse Services and the Division of Finance and Administration in the Department to ensure that the state meets its set-aside requirements.

[Sources: 45 CFR § 96.124 and 45 CFR § 96.128]

2. **Primary Prevention Services:** Federal law requires that funds designated for primary prevention services be directed at individuals not identified to be in need of treatment and that a variety of strategies be utilized, to include, but not be limited to:
 - a. **Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include, but are not limited to:
 - 1) clearinghouse and information resource center(s),
 - 2) resource directories,
 - 3) media campaigns,
 - 4) brochures,
 - 5) radio and TV public service announcements,
 - 6) speaking engagements,
 - 7) health fairs and health promotion, and
 - 8) information lines.
 - b. **Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include, but are not limited to:

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- 1) classroom and small group sessions (all ages),
 - 2) parenting and family management classes,
 - 3) peer leader and helper programs,
 - 4) education programs for youth groups, and
 - 5) children of substance abusers groups.
- c. *Alternatives:* This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include, but are not limited to:
- 1) drug free dances and parties,
 - 2) youth and adult leadership activities,
 - 3) community drop-in centers, and
 - 4) community-service activities.
- d. *Problem Identification and Referral:* This strategy aims at identification of those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those persons who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include, but are not limited to:
- 1) employee assistance programs,
 - 2) student assistance programs, and
 - 3) driving while under the influence and driving while intoxicated programs.
- e. *Community-Based Process:* This strategy aims to enhance the ability of the community to provide prevention and treatment services for alcohol, tobacco, and drug abuse disorders more effectively. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building, and networking. Examples of activities conducted and methods used for this strategy include, but are not limited to:
- 1) community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff and officials training
 - 2) systemic planning;
 - 3) multi-agency coordination and collaboration;
 - 4) accessing services and funding; and
 - 5) community team-building.
- f. *Environmental:* This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy include, but are not limited to:
- 1) promoting the establishment and review of alcohol, tobacco, and drug use policies in schools;
 - 2) technical assistance to communities to maximize local enforcement procedures affecting the availability and distribution of alcohol, tobacco, and other drugs;
 - 3) modifying alcohol and tobacco advertising practices; and
 - 3) product pricing strategies.

[Source: 45 CFR § 96.125]

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3. **Services to Pregnant Women and Women with Dependent Children:** Federal law requires that funds allocated to the Board under this set-aside must support, at a minimum, the following services, either directly or by a written memorandum of understanding:
- a. primary medical care for women, including referral for prenatal care, and child care while such women are receiving this care;
 - b. primary pediatric care, including immunization for their children;
 - c. gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and child care while the women are receiving these services;
 - d. therapeutic interventions for children in custody of women in treatment that may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
 - e. sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs 2.a-d.

In addition to complying with the requirements described above, the Board shall:

- a. treat the family as a unit and, therefore, admit both women and their children into treatment services, if appropriate [Source: 45 CFR § 96.124(e)];
 - b. report to the Department when it has insufficient capacity to provide treatment to the woman and make available interim services, including a referral for prenatal care, within 48 hours of the time the woman initially seeks services [Source: 45 CFR § 96.131]; and
 - c. publicize the availability and priority of treatment for pregnant women [Source: 45 CFR § 96.131].
4. **Preference in Admission:** The Board must give preference in admission to pregnant women who seek or are referred for and would benefit from SAPT Block Grant-funded treatment services. The Board must give admission preference to consumers in the following order:
- a. pregnant injecting drug users,
 - b. other pregnant substance abusers,
 - c. other injecting drug users, and
 - d. all other individuals.
- [Source: 45 CFR § 96.128]
5. **Services for persons at risk of HIV/AIDS:** Federal law (45 CFR § 96.128) requires that funds allocated to the Board under the HIV Early Intervention Services set-aside must support, at the sites at which the individuals are undergoing treatment for substance use disorders, the following services, either directly or by a written memorandum of understanding:
- a. appropriate pre-test counseling for HIV and AIDS;
 - b. testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
 - c. appropriate post-test counseling; and
 - d. providing the therapeutic measures described in b.
- [Source: 45 CFR § 96.121]

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Additionally, if the Board receives HIV Early Intervention Services funding, it must establish linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of services for HIV disease. [Source: 45 CFR § 96.128]

Finally, if the Board receives HIV Early Intervention Services set-aside funding, it must ensure that early intervention services for HIV disease are undertaken voluntarily by, and with the informed consent of, the individual, and that undergoing such services will not be required as a condition of receiving treatment services for substance abuse or any other services. [Source: Section 1924(b)(6) of the Public Health Service Act]

6. **Interim Services:** Federal law requires that the Board, if it receives any Federal Block Grant funds for operating a program of treatment for substance addiction or abuse, either directly or through arrangements with other public or private non-profit organizations, routinely make available services for persons who have sought admission to a substance abuse treatment program yet, due to lack of capacity in the program, have not been admitted to the program. While awaiting admission to the program, these individuals must be provided, at a minimum, with certain interim services, including counseling and education about HIV and tuberculosis (TB). Interim services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of such interim services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease.
- a. For pregnant women, interim services also include counseling about the effects of alcohol and drug abuse on the fetus and referral for prenatal care. [Source: 45 CFR § 96.121, Definitions]
 - b. At a minimum, interim services must include the following:
 - 1) counseling and education about HIV and tuberculosis (TB),
 - 2) the risks of needle sharing, the risks of transmission to sexual partners and infants, and
 - 3) the steps that can be taken to ensure the HIV and TB transmission does not occur and include referral for HIV or TB treatment services if necessary.

[Source: 45 CFR §§ 96.121 and 96.126]

7. **Services for Individuals with Intravenous Drug Use:** If the Board offers a program that treats individuals for intravenous drug abuse, it must:
- a. provide notice to the Department within seven days when the program reaches 90 percent of capacity;
 - b. admit each individual who requests and is in need of treatment for intravenous drug abuse not later than:
 - 1) 14 days after making the request, or
 - 2) 120 days after making the request if the program
 - has no capacity to admit the person on the date of the request, and
 - within 48 hours of the request makes interim services as defined in 45 CFR § 96.126 available until the individual is admitted to the program;
 - c. maintain an active waiting list that includes a unique consumer identifier for each injecting drug abuser seeking treatment, including consumers receiving interim services while awaiting admission;
 - d. have a mechanism in place that enables the program to:
 - 1) maintain contact with individuals awaiting admission, and
 - 2) admit or transfer individuals on the waiting list at the earliest possible time to an appropriate treatment program within a reasonable geographic area;

Central Office, State Facility, And Community Services Board Partnership Agreement

Section 1: Purpose

Collaboration through partnerships is the foundation of the Virginia public system of mental health, mental retardation, and substance abuse services. The Central Office of the Department of Mental Health, Mental Retardation and Substance Abuse Services (the Central Office), State Facilities operated by the Department, and Community Services Boards (CSBs), which are entities of local governments, are the *operational partners* in Virginia's public system for providing such services. CSBs include local government departments with policy advisory CSBs and behavioral health authorities, established pursuant to Chapters 10 and 15 respectively of Title 37.1 of the *Code of Virginia*.

The partners enter into this Partnership Agreement to improve the quality of care provided to consumers and to enhance the quality of consumers' lives. The goal of this Agreement is to establish a fully collaborative partnership process through which the CSBs, Central Office, and State Facilities can reach agreements on operational and policy matters and issues. In areas where it has specific statutory accountability, responsibility or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The partners also agree to make decisions and resolve problems at the level closest to the issue or situation, whenever possible. Nothing in this Partnership Agreement nullifies, abridges, or otherwise limits or affects the legal responsibilities or authorities of each partner, nor does this Partnership Agreement create any new rights or benefits on behalf of any third parties.

The partners share a common desire for the system of care to excel in the delivery and seamless continuity of services to consumers and their families, and we seek similar collaborations or opportunities for partnerships with consumer and family advocacy groups and other stakeholders. We believe that a collaborative strategic planning process helps to identify the needs of consumers and ensures effective resource allocation and operational decisions that contribute to the continuity and effectiveness of care provided across the public mental health, mental retardation, and substance abuse services system. We agree to engage in such a collaborative planning process.

The Central Office, State Facility, and CSB Partnership reflects a common purpose derived from:

1. Codified roles defined in Chapters 10 and 15 of Title 37.1 of the *Code of Virginia*, as delineated in the Community Services Performance Contract;
2. Philosophical agreement on the importance of consumer-focused services and other core goals and values contained in this Partnership Agreement;
3. Operational linkages associated with funding, program planning and assessment, and joint efforts to address challenges to the public system of services; and
4. Quality improvement-focused accountability to consumers and family members, local and state governments, and the public at large, as described in the accountability section of this Partnership Agreement.

This Partnership Agreement also establishes a framework for covering other relationships that may exist among the partners. Examples of these relationships include Part C of the Individuals with Disabilities Education Act and regional initiatives, such as the Region IV Acute Care Pilot Project and the Discharge Assistance and Diversion program in northern Virginia. For example, the provisions of this agreement would govern interactions between the Central Office and those CSBs that participate in Part C.

This Partnership Agreement contains sections that address: Roles and Responsibilities; Core Values; Indicators; Accountability; Consumer and Family Member Involvement and Participation; System Leadership Council; Communication; Quality Improvement; Reviews, Consultation, and Technical Assistance; Revision; and Signatures.

Central Office, State Facility, And Community Services Board Partnership Agreement

Section 2: Roles and Responsibilities

Although this partnership philosophy helps to ensure positive working relationships, each partner has a unique role in providing public mental health, mental retardation, and substance abuse services. These distinct roles promote varying levels of expertise and create opportunities for identifying the most effective mechanisms for planning, delivering, and evaluating services.

Central Office

1. Ensures through distribution of available funding that a system of community-based and state facility resources exists for the delivery of publicly-funded services and supports to Virginia residents with mental illness, mental retardation, or alcohol or other drug dependence or abuse.
2. Promotes at all locations of the public mental health, mental retardation, and substance abuse service delivery system (including the Central Office) quality improvement efforts that focus on consumer outcome and provider performance measures designed to enhance service quality, accessibility, and availability.
3. Supports and encourages the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.
4. Ensures fiscal accountability that is required in applicable provisions of the *Code of Virginia*, relevant state and federal regulations, and State Mental Health, Mental Retardation and Substance Abuse Services Board policies.
5. Promotes identification of state-of-the-art programming and resources that exist as models for consideration by other operational partners.
6. Seeks opportunities to affect regulatory, policy, funding, and other decisions made by the Governor, the Secretary of Health and Human Resources, the General Assembly, other state agencies, and federal agencies that interact with or affect the other partners.
7. Encourages and facilitates state interagency collaboration and cooperation to meet the service needs of consumers and to identify and address statewide interagency issues that affect or support an effective system of care.
8. Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, mental retardation, and substance abuse services.
9. Problem solves and collaborates with a CSB and State Facility together on a complex or difficult consumer situation when the CSB and State Facility have not been able to resolve the situation successfully at their level.

Community Services Boards

1. Serve as the single points of entry into the publicly-funded system of services and supports for Virginia residents with mental illnesses, mental retardation, or alcohol or other drug dependence or abuse.
2. Serve as the local points of accountability for the public mental health, mental retardation, and substance abuse service delivery system.
3. To the fullest extent that resources allow, promote the delivery of community-based-services that address the specific needs of individual consumers with a focus on service quality, accessibility, and availability.
4. Support and encourage the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.

Central Office, State Facility, And Community Services Board Partnership Agreement

5. Establish services and linkages that promote seamless and efficient transitions of consumers between state facility-based services and local community-based services.
6. Promote sharing of program knowledge and skills with operational partners to identify models of service delivery that have demonstrated positive consumer outcomes.
7. Problem solve and collaborate with State Facilities on complex or difficult consumer situations.
8. Encourage and facilitate local interagency collaboration and cooperation to meet the other services and supports needs of consumers.

State Mental Health and Mental Retardation Facilities

1. Provide psychiatric hospitalization and other services to consumers identified by CSBs as meeting statutory requirements for admission.
2. Within the resources available, provide residential and training services to persons with mental retardation identified by CSBs as needing those services.
3. To the fullest extent that resources allow, provide services that address the specific needs of individual consumers with a focus on service quality, accessibility, and availability.
4. Support and encourage the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, monitoring, and evaluation.
5. Establish services and linkages that promote seamless and efficient transitions of consumers between state facility-based services and local community-based services.
6. Promote sharing of program knowledge and skills with operational partners to identify models of service delivery that have demonstrated positive consumer outcomes.
7. Problem solve and collaborate with CSBs on complex or difficult consumer situations.

Recognizing that these unique roles create distinct visions and perceptions of consumer and service needs at each point (statewide, communities, and state facilities) of services planning, management, delivery, and evaluation, the operational partners are committed to maintaining effective lines of communication generally and to addressing particular challenges or concerns. Mechanisms for communication include the System Leadership Council; representation on work groups, task forces, and committees; use of websites and electronic communication; consultation activities; and circulation of drafts for soliciting input from other partners. When the need for a requirement is identified, the partners agree to use a participatory process, similar to the process used by the Central Office to develop Departmental Instructions for State Facilities, to establish the requirement.

These efforts by the partners will help to ensure that residents of Virginia have access to a public system of mental health, mental retardation, and substance abuse services that maximizes available resources, adheres to the most effective, evidence-based service delivery practices, and utilizes the extensive expertise that is available within the public system of care.

Section 3: Core Values

The Central Office, State Facilities, and Community Services Boards (CSBs), the partners to this Agreement, share a common desire for the public system of care to excel in the delivery and seamless continuity of services to consumers and their families. While they are interdependent, each partner works independently with both shared and distinct points of accountability, such as state, local, or federal government, other funding sources, consumers, and families, and all partners embrace common core values.

Central Office, State Facility, And Community Services Board Partnership Agreement

These core values guide the Central Office, State Facilities, and CSBs in developing and implementing policies, planning services, making decisions, providing services, and measuring the effectiveness of service delivery.

Core Values

1. The Central Office, State Facilities, and CSBs are working in partnership; we hold each other accountable for adhering to our core values.
2. As partners, we will focus on fostering a culture of responsiveness instead of regulation, finding solutions rather than assigning responsibility, emphasizing flexibility over rigidity, and striving for continuous quality improvement, not just process streamlining.
3. As partners, we will make decisions and resolve problems at the level closest to the issue or situation whenever possible.
4. Services should be provided in the least restrictive and most integrated environment possible. Most integrated environment means a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible (28 CFR pt. 35, App. A, p. 450, 1998).
5. Community-based services and state facility-based services are integral components of a seamless public system of care.
6. The goal of all components of our public system of care is that the persons we serve recover, realize their fullest potential, or move to independence from our care.
7. The consumer's or legally authorized representative's participation in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.
8. The consumer's responsibility for and active participation in his or her care and treatment are very important and should be supported and encouraged whenever possible.
9. Consumers have a right to be free from abuse, neglect, or exploitation and to have their basic human rights assured and protected.
10. Choice is a critically important aspect of consumer participation and dignity, and it contributes to consumer satisfaction and desirable outcomes. Consumers should be provided with responsible and realistic opportunities to choose as much as possible.
11. Family awareness and education about a person's disability or illness and services are valuable whenever they are supported by the individual with the disability.
12. Whenever it is clinically appropriate, children and adolescents should receive services provided in a manner that supports maintenance of their home and family environment. Family includes single parents, grandparents, older siblings, aunts or uncles, and other individuals who have accepted the child or adolescent as a part of their families.
13. Children and adolescents should be in school and functioning adequately enough that the school can maintain them and provide an education for them.
14. Independent living or community residency in safe and affordable housing with the highest level of independence possible is desired for adult consumers.
15. Gaining employment, maintaining employment, or participating in employment readiness activities improves the quality of life for adults with disabilities.
16. Lack of involvement or a reduced level of involvement with the criminal justice system, including court-ordered criminal justice services, improves the quality of life of all individuals.

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17. The public mental health, mental retardation, and substance abuse services system serves as a safety net for individuals, particularly people who are uninsured or under-insured, who do not have access to other service providers or alternatives.

Section 4: Indicators Reflecting Core Values

Nationwide, service providers, funding sources, and regulators have sought instruments and methods to measure system effectiveness. No one system of evaluation is accepted as the method, as perspectives about the system and desired outcomes vary depending on the unique role (e.g., as a consumer, family member, payer, provider, advocate, or member of the community) that one has within the system.

Simple, cost-effective measures reflecting a limited number of core values or expectations identified by the Central Office, State Facilities, and CSBs guide the public system of care in Virginia. Any indicators or measures should reflect the core values listed in the preceding section.

Section 5: Accountability

Accountability Improvement

The Central Office, State Facilities, and Community Services Boards (CSBs), the operational partners in the public system of services, agree that it is necessary and important to have a system of accountability in order to:

- protect consumers,
- improve the quality of services,
- protect the interests of citizens and various stakeholders, and
- maximize public confidence in the system of care.

The partners agree that any successful accountability system requires early detection with faithful, accurate, and complete reporting and review of agreed-upon accountability indicators. The partners further agree that early detection of problems and collaborative efforts to seek resolutions improve accountability. To that end, the partners commit themselves to a problem identification process defined by open sharing of performance concerns and a mutually supportive effort toward problem resolution. Technical assistance, provided in a non-punitive manner designed not to 'catch' problems but to resolve them, is a key component in an effective system of accountability.

Where possible, joint work groups, representing CSBs, the Central Office, and State Facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change. In areas where it has specific statutory accountability, responsibility or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly.

The partners agree that when accreditation or another publicly-recognized independent review addresses an accountability issue or requirement, where possible, compliance with this outside review will constitute adherence to the accountability measure or reporting requirement. Where accountability and compliance rely on affirmations, the partners agree to make due diligence efforts to comply fully. The Central Office reserves the powers given to the Department to review and audit operations for compliance and veracity and upon cause to take actions necessary to ensure accountability and compliance.

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Desirable and Necessary Accountability Areas

1. **Mission of the System.** As part of a mutual process, the partners, with maximum input from stakeholder groups and consumers, will define a small number of key missions for the public community and state facility services system and a small number of measures of these missions. State Facilities and CSBs will report on these measures at a minimum frequency necessary to determine the level and pattern of performance over several years.
2. **Central Office Accountability.** In addition to internal governmental accountability, the Central Office agrees to support the mission of the public services system by carrying out its functions. Accountability for the Central Office will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.
3. **State Facility Accountability.** In addition to internal governmental accountability, State Facilities agree to support the mission of the public services system by carrying out their functions. Accountability for State Facilities will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.
4. **Community Services Board Accountability.** In addition to internal governmental accountability, CSBs agree to support the mission of the public services system by carrying out their functions. Accountability for CSBs will be defined by the fewest necessary measures of key activities that will be reported at a minimum frequency necessary to determine the level and pattern of performance over several years.
5. **Legislative Accountability.** Additional reporting or responses may be required of CSBs, the Central Office, or State Facilities by the General Assembly or in support of a legislative request or study.
6. **Quality Improvement.** CSBs, State Facilities, and the Central Office will manage internal quality assurance and corporate compliance systems to monitor activities, detect and address problems, and minimize risk. These activities require no standardized reporting outside of that contained in law, regulation, or policy. The partners agree to identify and, wherever possible, implement evidence-based best practices and programs to improve the quality of care that they provide.
7. **Fiscal.** Funds awarded or transferred by one partner to another for a specific identified purpose should have sufficient means of accountability to ensure that expenditures of funds were for the purposes identified. The main indicators for this accountability include an annual CPA audit by an independent auditing firm or an audit by the Auditor of Public Accounts and reports from the recipient of the funds that display the amounts of expenditures and revenues, the purposes for which the expenditures were made and, where, necessary, the types and amounts of services provided. The frequency and detail of this reporting shall reflect the minimum necessary.
8. **Compliance with Departmental Regulatory Requirements for Service Delivery.** In general, regulations ensure that entities operate within the scope of acceptable practice. The system of Department licensing, in which a licensed entity demonstrates compliance by policy, procedure, or practice with regulatory requirements for service delivery, is a key accountability mechanism. Where a service is not subject to state licensing, the partners may define minimum standards of acceptable practice. Where CSBs obtain nationally-recognized accreditation covering services for which the Department requires a license, the Department, to the degree practical and with the fullest possible participation and involvement by the other partners, will consider substituting the accreditation in whole or in part for the application of specific licensing standards.

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9. **Compliance with Federal and Non-Department Standards and Requirements.** In areas where it has specific statutory accountability, responsibility or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The Central Office agrees to identify the minimum documentation needed from the other partners to indicate their compliance with applicable Federal and non-Departmental standards and requirements. Where possible, this documentation shall include affirmations by CSBs or State Facilities in lieu of direct documentation. The partners shall define jointly the least intrusive and least costly compliance strategies, as necessary.
10. **Compliance with Department-Determined Requirements.** In areas where it has specific statutory accountability, responsibility or authority, the Central Office will make decisions or determinations with the fullest possible participation and involvement by the other partners. In all other areas, the partners will make decisions or determinations jointly. The Central Office agrees to define the minimum compliance system necessary to ensure that CSBs and State Facilities perform due diligence in regard to requirements established by the Central Office and that this definition will include only the minimum necessary to meet the intent of the State law or State Board policy for which the requirement is created. Where local government standards are in place, compliance with the local standards shall be acceptable.
11. **Medicaid Requirements.** The Central Office agrees to work proactively with the Department of Medical Assistance Services (DMAS) to create an effective system of accountability that will ensure services paid for by DMAS meet minimum standards for quality care and for the defined benefit. The Central Office, and CSBs to the fullest extent possible, will endeavor to assist DMAS in regulatory and compliance simplification in order to focus accountability on the key and most important elements.
12. **Maximizing State and Federal Funding Resources:** The partners agree to collect and utilize available revenues from all appropriate sources to pay for services in order to extend the use of state and federal funds as much as possible to serve the greatest number of individuals in need of services. Sources include Medicaid cost-based, fee-for service, State Plan Option, and MR Waiver payments; other third party payers; auxiliary grants; food stamps; SSI, SSDI, and direct consumer payments; payments or contributions of other resources from other agencies, such as local social services or health departments; and other state or local funding sources.

Section 6: Consumer and Family Member Involvement and Participation

1. **Consumer and Family Members Involvement and Participation:** CSBs, State Facilities, and the Central Office agree to take all necessary and appropriate actions to actively involve and support the participation of consumers and their family members in policy formulation and services planning, delivery, monitoring, and evaluation.
2. **Consumer and Family Member Involvement in Individual Services Planning and Delivery:** CSBs and State Facilities agree to involve consumers and, with the consent of consumers where applicable, family members, legally authorized representatives, and significant others in their care, including the maximum feasible degree of participation in individualized services planning and treatment decisions and activities, unless their involvement is not clinically appropriate.
3. **Language:** CSBs and State Facilities agree that they will endeavor to deliver services in a manner that is understood by consumers. This involves communicating orally and in writing in the primary languages of consumers, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.

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4. **Culturally Competent Services:** CSBs and State Facilities agree that in delivering services they will endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

Section 7: System Leadership Council. The System Leadership Council includes representatives of the Central Office, State Facilities, CSBs, and local governments. The Council will meet at least quarterly to, among other responsibilities:

1. identify, discuss, and resolve issues and problems;
2. examine current system functioning and identify ways to improve or enhance the operations of the public mental health, mental retardation, and substance abuse services system; and
3. identify, develop, propose, and monitor the implementation of new service modalities, systemic innovations, and other approaches for improving the accessibility, responsiveness, and cost effectiveness of the publicly-funded mental health, mental retardation, and substance abuse services system.

Section 8: Communication. CSBs, State Facilities, and the Central Office agree to communicate fully with each other to the greatest extent possible. Each partner agrees to respond in a timely manner to requests for information from other partners, considering the type, amount, and availability of the information requested.

Section 9: Quality Improvement. On an ongoing basis, the partners agree to work together to identify and resolve barriers and policy and procedural issues that interfere with the most effective and efficient delivery of public services.

Section 10: Reviews, Consultation, and Technical Assistance. CSBs, State Facilities, and the Central Office agree, within the constraints of available resources, to participate in review, consultation, and technical assistance activities to improve the quality of services provided to consumers and to enhance the effectiveness and efficiency of their operations.

Section 11: Revision. This is a long-term agreement that does not and should not need to be revised or amended annually. However, the partners agree that this agreement may be revised at any time with the mutual consent of the parties. When revisions become necessary, they will be developed and coordinated through the System Leadership Council. The partners agree that this agreement will be reviewed and renewed at the end of five years from the date of its initial signature, unless they decide jointly to review and renew it sooner. All such reviews and renewals will be coordinated through the System Leadership Council. Finally, either party may terminate this agreement with six months written notice to the other party and to the System Leadership Council.

Section 12: Signatures. In witness thereof, the CSB and the Department, acting on behalf of the Central Office and the State Facilities that it operates, have caused this Partnership Agreement to be executed by the following duly authorized officials.

Virginia Department of Mental Health, Mental
Retardation and Substance Abuse Services

Colonial Services Board
Community Services Board

Commissioner

Date



Executive Director

6/17/04

Date